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ABSTRACT

Under the Idaho state system for curriculum development in vocational education, Technical Committees made up solely of industry personnel are responsible for drawing up task lists for each program. Based on a task list specific to the field, this curriculum guide provides the competencies needed by nursing assistants enrolled in postsecondary, short-term vocational education and high school programs. The suggested total completion time for classroom and laboratory work is 60 hours; the amount of clinical time required has been set at 40 hours. Introductory materials include goals of the program, information on competency-based education, and a detailed list of program standards. The curriculum is divided into 10 units. Each unit has the following parts: terminal performance and enabling objectives, suggested completion time, suggested teacher and learner activities, list of general references, and evaluation criteria. Unit topics are as follows: (1) role and responsibilities of the nursing assistant; (2) communication and interpersonal relationships; (3) safety, universal precautions, and cardiopulmonary resuscitation; (4) admission, transfer, and discharge procedures; (5) personal procedures; (6) exercise and activity; (7) elimination procedures; (8) collection of specimens; (9) procedures for unsterile warm and cold applications; and (10) variations in nursing care--special nursing responses. Other contents include a list of recommended textbooks and addresses and telephone numbers of 66 sources of media, print materials, and special books/pamphlets. Appendixes, amounting to over one-half of the guide, include checklists for demonstrations and teaching tools. An optional advanced teaching module on the nursing assistant as home health aide is attached. Objectives and suggested textbook are provided. (YLB)

ED354308

Vo. Ed. #239

# Curriculum Guide for NURSING ASSISTANT

*Invest in Success*

IDAHO VTE VOCATIONAL TECHNICAL EDUCATION

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VoEd No. 239
Revised 1992

# COMPETENCIES FOR NURSING ASSISTANTS

## A CURRICULUM GUIDE

Adapted and revised to meet the requirements for
Nursing Assistants preparing for employment in various
structured health care settings through Postsecondary,
Short-Term, Vocational Education Programs and High School Programs.

Revised April, 1992

STATE OF IDAHO
STATE BOARD FOR VOCATIONAL EDUCATION

STATE DIVISION OF VOCATIONAL EDUCATION

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DIVISION OF VOCATIONAL EDUCATION

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**Greetings:**

**The Division of Vocational Education is pleased to provide you with this State Curriculum Guide as a part of our commitment to your efforts in conducting quality educational programs for students who are preparing for employment in meaningful and rewarding occupations.**

**We know that a great deal of time and effort goes into the operation of a Vocational Education program, and we applaud your local efforts to make these programs available for students. This State Guide should assist you in these efforts.**

**The competency-based State Guide was developed from a Technical Committee Report prepared with the assistance of industry personnel. The Report includes a Task List which is the basis for the State Guide. The Tasks identified in the Technical Committee Report were representative of the competencies needed by a worker to be hired or employed in Idaho businesses.**

**Vocational Education has adopted the Competency-Based approach as the primary method of delivering Vocational Education skills to students. Competency Profiles are available for each student enrolled in programs as a means of recording student progress. The Profile is used as a student record when additional training is sought -- aiding in the program articulation process. The Profile also communicates to employers those skills the student has mastered.**

**We hope you find this document useful. Your comments are welcome!**

**Trudy Anderson, Ph.D.**
**Administrator**



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## ACKNOWLEDGEMENTS

Competencies for Nursing Assistants, A Curriculum Guide adapted and revised to meet the requirements for Nursing Assistants preparing for employment in various structured health care settings through Postsecondary, Short-Term Vocational Education Programs, was adapted from Core Competencies for Health Care Workers and Competencies for Nursing Assistants, guides developed by Dorothy M. Witmer, RN, Ed.D. in 1986 through a grant from the Idaho Division of Vocational Education.

Appreciation is extended to Dr. Witmer and the Advisory Committee Members involved in the development of the original documents.

Adaptation of the Guide was undertaken to meet the requirements of the Omnibus Budget Reconciliation Act of 1987 (P.L. 100-203, 1987). Special thanks is extended to:

Leola Daniels, RN, MS, Associate Executive Director, Idaho State Board of Nursing for her time and expertise in review and adaptation, members of the Idaho State Board of Nursing for their critical review and guidance, to Sandra Davis who was Supervisor for Health Occupations Education during the first revision. Appreciation is also extended to Sandra DeRose for her efficient typing of the manuscript.

In 1992, this guide was reviewed and revised to more clearly reflect the emphasis of the federal mandates for training nursing assistants and to help users to find important information regarding instruction. Training program standards, additional objectives emphasizing instructional mandates, appropriate checklists and helpful teaching tips have been added to this edition. Appreciation is extended to Sandra Davis, Assistant Executive Director of the Idaho Board of Nursing for assisting with this current revision and to Rebecca Davis, Secretary for the new additions to the document.

Dorothy M. Witmer, Supervisor
Health Occupations Education

This curriculum guide has the approval of the Idaho State Board of Nursing.

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# COMPETENCIES FOR NURSING ASSISTANTS

## Introduction

Competencies for Nursing Assistants, A Curriculum Guide adapted to meet the requirements for Nursing Assistants preparing through Postsecondary, Short-Term, Vocational Education Programs, and high school programs was designed to provide a guide for instructors and learners on the competencies needed by nursing assistants caring for patients in a variety of settings including facilities meeting requirements
of the Omnibus Budget Reconciliation Act of 1987 (P.L. 100-203).

## Length of the Program

The curriculum is divided into 10 units. Each unit has suggested teacher and learner activities and suggested completion time. The format provides for flexibility of activities from which the teacher can choose. The suggested total completion time for classroom, and laboratory work is 60 hours. The amount of clinical time required has been set at 40 hours.

NOTE: The competency-based curriculum allows for variation in completion time because of the differences in individual learners. The suggested times and activities are only guides. It is expected that some learners will exceed these times and other learners will finish in less time.

Competencies included in the program "Core Competencies for Health Care Workers" are indicated by a (Core I) throughout the Guide. Learners who have successfully completed the "Core Competencies" program prior to participation in this program may accelerate (or skip over) these units/competencies.

## Goals of the Instructional Program

The goals of the instructional program contained in this guide are:

1. To introduce the learner to the health care field of nursing assisting.

2. To provide learners with experiences in the classroom and in the clinical area that result in development of basic competencies required of nursing assistants.

3. To provide the learner with competencies that are prerequisite to specific areas and job entry.

4. To provide the learner with training required by P.L. 100-203 for employment as a nursing assistant in a long-term care facility.

5. Completion of this training program will also provide learners with the competencies needed for employment in home health care and related services.

6. To provide learners who have completed a nursing assistant training program with opportunities to update their skills.

## Philosophy of Health Care Instructional Programs

The philosophy underlying the instruction in health care is based on the recognition that health care occupations generate from services needed by humans. The recipient of health care services, the consumer, is a human being with unique qualities and diverse needs. Health care workers consider the uniqueness and total human needs of individuals when providing health care services. Motivation for employment as a nursing assistant should come from belief in this philosophy.

## The Competency-Based Approach to Learning

The curriculum guide follows an approach to learning called "competency-based." A competency is a job-related activity or performance. A person is considered competent when he/she can safely perform the required activity in a worthwhile manner, with skill and ability, and the employer is willing to pay for the performance. A job is composed of many competencies that are based on knowledge, attitudes and/or hands-on skills. The learner will participate in the development of all three areas in this instructional program.

Mastery of competencies will be self-evaluated by learners with the final mastery evaluated by the instructor. The evaluation criteria have been standardized and generally accepted by employers. The learner will know in advance what competencies are to be learned, how well they must be learned, and with what conditions they are to be learned.

The competency-based approach to learning also provides for learners to practice skills before being evaluated. The learner can proceed at his/her own rate (within reasonable periods of time) until mastery is achieved. Both the learners and the instructor use the same evaluation criteria for evaluating mastery of a competency.

NOTE: Learners are expected to use time wisely and to move from one competency to another as quickly as possible. Learners are expected to set aside time outside of the classroom to work on assignments. Learners are encouraged to work together, to help each other, in learning skills and completing assignments. The instructor will be available to help as needed.

## Grading of Learners

The suggested grading of all learners is the following:

Minimum of 80% on all written and oral quizzes/tests.
Minimum of 100% on all skills which have a checklist for evaluation.

Learners are permitted to practice skills until 100% accuracy is achieved. Retakes are permitted on all oral or written quizzes and tests. Learners are encouraged to challenge any material already learned. Challenging can be accomplished by demonstrating skills with 100% accuracy according to the appropriate checklist and by achieving a minimum of 80% on the oral/written examinations. Deviations from this pattern are determined by the instructor, but learners must know in advance what is permitted.

## Certification of Completion

Each individual who completes the program may be issued a certificate of completion by the sponsoring postsecondary vocational school. The vocational school works in cooperation with the Idaho Division of Vocational Education. The certificate means only that the learner has successfully completed the nursing assistant course of study. Instructors in secondary schools that offer the nursing assistant program may request a certificate from the Division of Vocational Education, Health Occupations Supervisor.

## NURSING ASSISTANT TRAINING PROGRAM STANDARDS

1. Administration

   a.* Training programs and competency evaluation programs shall be administered through one of the six area Vocational Technical Schools (or the participating high school).

   b. Training programs may be offered at the Vocational School, home health agency, or at a nursing home facility, but all programs must be administered through the nearest Vocational Technical School.

   c. Each Vocational Technical School must designate a qualified registered nurse to oversee the training programs and competency evaluation programs.

   d. Facilities that are used for the clinical (skills) training component must be approved by the Board of Nursing.

2. Instructor Qualifications

   a.** The Program Coordinators/Primary Instructors for training programs administered through Vocational Technical Schools must be certifiable as Vocational education instructors, to teach in approved Vocational Health Occupations/Nursing Assistant Programs i.e., they must be registered nurses with a minimum of three years of work experience as a registered nurse if a registered nurse is not available who meets the preferred requirements. (See number 8).

   b. In addition to Vocational Education certification requirements, the Program Coordinators/Primary Instructors must have had two years of experience in caring for the elderly or chronically ill of any age.

   c. Program Coordinators/Primary Instructors who have not previously taught the nursing assistant course must complete a "Train-the Trainer" type program or a methods of instruction course offered under the direction of the area Vocational Technical Schools.

   d.** Licensed practical nurses who have a minimum of two years experience in caring for the elderly or chronically ill of any age may assist with classroom instruction and skills supervision under the direct supervision of the primary instructor.

   e. Persons who conduct the clinical competency evaluations shall meet the qualifications of Program Coordinator/Primary Instructor as specified in a. and b. above.

   * Nursing Assistant training in high schools will be approved by the Supervisor of Health Occupations in collaboration with the Board of Nursing.

   ** Requirements in addition to OBRA requirements

3. Curriculum Requirements

a. Basic Requirements

1) The standard competency-based curriculum for nursing assistants that is administered by Vocational Education and approved by the Board of Nursing shall be used for nurse aide training in Idaho.

* 2) The curriculum shall consist of a minimum of 100 hours, 60 of which shall be classroom hours and 40 of which shall be clinical hours.

3) Each unit of instruction shall have behaviorally stated objectives.

4) Clinical (skills) experience shall be selected to enable achievement of the defined objectives.

5) Within the 60 hours of classroom training, at least sixteen (16) hours of classroom instruction shall be provided prior to direct involvement with a facility resident, and shall include the following topics: communication and interpersonal skills, infection control, safety-emergency procedures, promoting residents' independence and respecting residents' rights.

6) Content that is included in Unit V of the approved curriculum (excluding vital signs, intake and output, positioning devices, and care of prostheses) must be taught before the basic care tasks defined in Title 04., Chapter C., 31.c.i. (Board of Nursing Rules/Regulations Regarding Auxillary Workers) can be done for residents.

7) Content must be included relative to the needs of various groups that may be represented in the resident population such as the elderly, persons with mental illness and mental retardation and non-elderly persons with other disabilities.

b. Curriculum must include content and clinical practice in the following areas:

1) Basic nursing skills
2) Personal care skills
3) Mental health and social service needs
4) Basic restorative services
5) Residents' rights

c. Clinical training component: Training programs must use a skills checklist to document students' performance of all skills taught in the program. Upon program completion, a copy of the performance record will be given to the student and the employer.

* Requirements in addition to OBRA requirements

4. Instructor and Student Clinical Ratio

The student:instructor ratio for skills supervision shall not exceed 15:1. It is highly recommended that the ratio in the clinical area be one instructor to 10 students.

5. Physical Facilities

a. A classroom must be provided that has the following:

1) Adequate space for the number of students
2) Adequate lighting and ventilation
3) Comfortable temperature
4) Appropriate audio-visual equipment
5) Skills lab equipment to simulate a resident's unit
6) Clean and safe environment
7) Appropriate textbooks and reference materials

b. In agencies that are used for skills training, learning experiences that enable students to meet the defined objectives must be available.

c. Office space must be provided for the primary instructor's use during program operation, to include a desk, chair, and secure storage space.

6. Program Approval and Re-approval

a. Programs applying for initial approval must complete an application form prepared by the Board of Nursing and submit it to the Board office by the date specified in written communication from the Board.

b. Provisional approval for one year will be granted to programs that provide evidence that the standards for training programs will be met.

c. Programs with provisional approval must apply for full approval on a form supplied by the Board and submit such form to the Board office one month prior to the expiration of provisional approval.

d. An on-site visit for program review will be made by the Board of Nursing one year following initial provisional approval and every two years thereafter.

e. A self-evaluation will be completed by the program provider annually on forms provided by the Board of Nursing.

f. Continuing full approval will be granted annually to programs that substantially meet training program standards.

g. If information gathered from annual reports, from a site visit or from other sources, indicates that a program is out of compliance with defined requirements, an unannounced site visit may be made and a warning may be issued with a time period for correcting deficiencies. If deficiencies are not corrected by the specified time, program approval will be withdrawn.

h. Within thirty days of completion of the training program and competency evaluation, the following information for persons who successfully complete must be submitted to the Board of Nursing: name, address, social security number, date of birth, and date of program completion, including manual skills competency evaluation.

7. Competency Evaluation Program

a. Manual skills

1) Evaluation of skills competency is to be incorporated into the training program following completion of the 60 hours of classroom instruction and 40 hours of clinical practice. *

2) Only persons who meet Primary Coordinator/Primary Instructor requirements (2 a-d) and who have completed rater training may conduct skills competency evaluation.

3) Board-approved procedures must be used.

4) Evaluation may be conducted at the Vo-Tech School or at the clinical training site, provided all necessary equipment is available and all approved procedures are followed.

b. Written Evaluation

1) All nursing assistants must write the Board-approved test (NACEP).

2) Nursing assistants are expected to apply for and write the first test that is offered following completion of the training program.

3) Persons who fail the test may perform only basic care tasks until they rewrite successfully.

* After January 1, 1990 for all programs and after July 1, 1989 for programs taught by persons who have completed rater training.

8. Vocational Education Requirements

- A person teaching the nursing assistant course is required to be certifiable but does not need to have a vocational certificate. Certifiable means the person has:

A. Eight years (16,000 hours) of full-time, successful, recent gainful employment in the occupation for which certification is requested. A maximum of two years credit toward the eight years may be allowed on a month-for-month basis for vocational training successfully completed as a full-time student in a an approved postsecondary vocational-technical education program, **or**;

B. A bachelor's degree in the specific occupation or related area plus three years (6,000 hours) of full-time successful, recent gainful employment in the occupation, **or**:

C. If there are no applicants who meet the above qualifications, applicants may then be certified who have a minimum of three years (6,000 hours) of full-time, successful, recent gainful employment in the field for which certification is requested, **and**;

Verification of occupational competency and recommendation by a representative occupational advisory council/committee as recorded in its minutes. Such verification may be obtained by passing an authorized occupational competency test.

For occupations where authorized occupational competency exams are not available, written recommendation from a representative occupational advisory council/committee as recorded in its minutes is required.

**Individuals who have been required by law to successfully pass a state licensure examination (in Idaho) may be exempted from further competency testing by forwarding appropriate credentials to the State Division of Vocational Education for review.**

- High school teachers must be certified with a teaching certificate.

Time: 4.5 hours

## Unit 1: The Role and Responsibilities of the Nursing Assistant

Terminal Performance Objective: Given the following: a holistic philosophy of care based on wellness, restoration and rehabilitation; the role, characteristics and responsibilities of nursing assistants; and a review of the health care team and of patient rights, the learner will develop a thorough understanding of the role of the nursing assistant and responsibilities he/she has to self, to the team, to employers, and to consumers.

NOTE: When nursing assistants are providing care they should be focused on helping patients/residents restore their ability to function to the highest level possible, thereby, helping patients/residents to restore their independence and maintain their sense of dignity.

Enabling objectives:

1. Be able to state a philosophy of health care that is based on wellness, restoration and rehabilitation.

2. Explain the role of the nursing assistant: general duties, to whom he/she reports; who supervises work; who is responsible for his/her actions; prioritizing and following instructions; legal limitations; characteristics for success.

3. List ten (10) specific tasks nursing assistants do.

4. Review the health care team and explain how the nursing assistant is a part of the team.

5. Using an outline with three (3) columns (consumer, employer, self), list five (5) responsibilities the nursing assistant has to each person in the three columns.

6. Outline the dimensions of human needs as a basis for understanding the health care consumer. **(Core I)**

7. Describe 3 ways to acknowledge the consumer's sexuality as you provide care.

8. Explain the Nursing Assistant's responsibility in ensuring patient rights including the right to: privacy and confidentiality; involvement in making choices regarding their own care; get to and participate in group and other activities; reasonable care of personal possessions; vote; resolve grievances; be free from abuse, mistreatment and/or neglect; maintenance of environment and care so as to minimize the need for physical and chemical restraints.

9. Relate the holistic philosophy of care to promoting independence of the consumer/patient by explaining the phrase: "helping a patient to reach his/her potential"; by explaining "focusing on the individuals strength rather than on weaknesses" and explaining "maintaining one's sense of dignity".

**********

Vocabulary to Know

| | | |
|---|---|---|
| Responsibility | Patient rights | Potential |
| Role | Philosophy | Rehabilitation |
| Ethics | Confidentiality | Grievance |
| Legal limitations of practice | Consumer | Wellness |
| Human Needs | Holistic | Malpractice |
| Sexuality | Restoration | Negligence |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide a philosophy of health care that is humanistic, and holistic in approaches to consumers. | 1. Study the philosophy as a guide upon which to base response to people needing health care. |
| 2. Provide assignments to help learners complete the enabling objectives. | 2. Complete all assignments in order to complete objectives |
| 3. Provide handouts with definitions and philosophy. | 3. Study handouts on philosophy and vocabulary. |
| 4. Invite guest speaker, such as employers to class; or | 4. Study assignments and know the role and responsibilities of the nursing assistant. |
| 5. Provide tour of employing agency. | 5. Attend presentation by employer; take agency tour if available. |
| 6. Arrange for learners to spend time with employed assistant. (Will have to be outside of class.) | 6. Use time with nursing assistant to learn extent of the role/responsibilities. (Will have to take time outside of class time.) |
| 7. Provide audio-visual aids to help learners understand the enabling objectives. | 7. View all visual aids provided. |
| 8. Provide oral/written examination on objectives. | 8. Use the outline of human needs to determine how it could work with yourself then use it by interviewing a person you know who is receiving some kind of health care. |
| 9. Provide an outline of human needs. Have learners compare it to themselves; then have them use it with a person they know who is receiving health care. | 9. Role play various aspects of individual patient rights. Discuss your role in assisting in assuring patients of their rights. |
| 10. Provide vignettes based on specific patient rights; have learners role play scenes experiencing the individual rights and the roles of the Nursing Assistant in providing for these rights. (Refer to IDADA 16.02.2100.03, Policies and Procedures for Health Care Facilities, in Appendix B) | 10. Complete oral/written examination on enabling objectives. |

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General References

Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B. (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.

**NOTE:** Nursing Assistant, A Basic Study Guide **by B. Robertson, First Class Books (1991) is a good review book for students with poor reading skills. It is not a basic textbook for teaching this training program.**

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Evaluation Criteria

1. Learner will achieve a minimum of 80% on all oral/written examinations based on the enabling objectives.

Time: 4.5 hours

## Unit 2: Communication and Interpersonal Relationships

Terminal Performance Objective: Given a review of verbal and non-verbal communication skills, the foundation of establishing interpersonal relationships, characteristics of spoken and written communication of nursing assistants, and skill checklists, the learner will demonstrate effective verbal and non-verbal, (including written) communications, with 100% accuracy according to the skill checklists.

Enabling objectives:

1. Diagram the 5 elements in the communication process: sender, receiver, message, medium, feedback. **(Core I)**

2. Identify 5 characteristics that are successful and 5 unsuccessful (barriers) characteristics in communication. **(Core I)**

3. Explain at least 5 kinds of observations health care workers can make during communication with others. (Especially with consumers). **(Core I)**

4. Using the checklists, practice answering the call light and the telephone in simulated patient situations.

5. Differentiate characteristics of communication with ill persons from those characteristics of communication with well persons.

6. Using the checklist, practice communication in simulated patient/consumer situations.

7. Using the skill checklist and simulated case presentation, simulated records, practice charting according to the checklist, until ready to be checked off, on S.O.A.P., hourly and summary charting.

8. List 10 usual observations the nursing assistant can make of the consumer who requires nursing assistant services.

9. Review techniques of reporting and distinguish between objective and subjective reporting; know what kind of things to report (at least 4 major areas/conditions/changes/symptoms).

10. Identify at least five (5) rules of accurate charting.

11. Explain how the care plan is developed for each person and how the nursing process is utilized in the development of the plan.

12. Explain how the care plan provides for continuity of care and how the nursing assistant participates.

**********

Vocabulary to Know

| | | | |
|---|---|---|---|
| barrier | verbal | subjective reporting - oral | graphic record |
| trust | non-verbal | subjective reporting - written | program sheet |
| rapport | objective | | S.O.A.P. |
| gestures | trust | | flowsheet |
| stereotyping | feedback | | effectiveness |
| misinterpret | sensitive | | |

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Teacher Activities

1. Provide learners with assignments to help them complete enabling objectives.
2. Provide learners with skill checklist on verbal communications (see Appendix A).
3. Provide skill checklists (See Appendix A) on charting for S.O.A.P., hourly and summary charting, so learners can practice.
4. Using case situations from references, makeup role play situations for learners to use with skill checklists.
5. Accumulate simulated records and case studies and provide to learners.
6. Explain the process of how a care plan is developed and updated - involve all parties, team members, family, nursing assistant.
7. Provide audio-visual aids on the nursing process and care planning.
8. Obtain forms or make-up forms for learners to practice in outlining nursing actions a nursing assistant can perform as part of a plan of care. (Worksheet can be found in Appendix B).
9. Discuss the continuity of care within a facility and when the individual is discharged to home or to another facility.

Learner Activities

1. Complete assignments in order to accomplish enabling objectives.
2. Be able to distinguish what characteristics the nursing assistant needs to be successful when caring for ill persons.
3. Study the four points on accurate reporting: oral and written (areas/conditions/changes/symptoms).
4. Role play simulated communication situations, be checked off when ready.
5. Practice charting, using the checklist. Be checked off when ready.
6. Know rules of charting to be accurate and to avoid errors.
7. Review philosophy provided as a guide for health care workers.
8. Study how the care plan is developed and all of the people who have a part in it.
9. Identify the forms nursing assistants use to help in charting the continuity of care.
10. View audio-visual aids provided on the nursing process and care planning.
11. Practice making up list of nursing actions a nursing assistant can do in a care plan. Seek help from instructor as needed.

10. Have learners investigate community resources around simulated individuals.
11. Provide oral/written examination on enabling objectives.
12. Using simulated person needing continuity of care in the community, establish a list of helpful community resources.
13. Complete final oral/written examination based on objectives.

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B. (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.


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Evaluation Criteria

1. Learner will achieve 100% accuracy on skill checklists.
2. Learner will achieve 80% minimum on oral/written examinations.
3. Learner exhibits professional-like manner in attention to accuracy in verbal and non-verbal behavior.

Time: 7 hours

## Unit 3: Safety, Universal Precautions and CPR

Terminal Performance Objective: Given information to study, audio-visuals to view and skills to practice, the learner will develop beginning level competency in the use of universal precautions for protection of self and others in preventing injury and spread of infections. Competencies will be developed in: body mechanics, knowledge of general safety measures, Heimlich maneuver, cardio-pulmonary resuscitation, fire safety, medical/surgical aseptic techniques and applications of restraints.Learners will achieve 100% accuracy on skill checklists and a minimum of 80% on written/oral examinations.

Enabling objectives:

1. Demonstrate 9 body maneuvers which include the principles of safe body mechanics. **(Core I)**
2. List 10 rules of general safety in health care settings. **(Core I)**
3. List 5 rules of fire safety and 5 rules of oxygen safety for health care settings. **(Core I)**
4. Demonstrate proper hand washing according to the skill checklist. **(Core I)**
5. List 5 principles of sterilization and disinfection. **(Core I)**
6. List the universal precaution techniques developed by the Centers for Disease Control; explain why they are effective in controlling the spread of disease; explain when they are to be used. **(Core I)**
7. Demonstrate universal precautions isolation: donning and removing gloves, gowns, masks, other isolation procedures of double bagging for disposal of linens and mask.
8. Demonstrate the Heimlich maneuver.
9. Under the direction and guidance of a certified instructor for cardiopulmonary resuscitation; complete a course of CPR for which you will receive a card of completion. **(Core I)**
10. Practice CPR often to maintain competency. **(Core I)**
11. Practice application of restraints that provide protection to residents and help them maintain correct posture.
12. Explain the resident's right to be free from chemical and physical restriction of body movements and the implications for nursing assisting.

**********

Vocabulary to Know

Center of Gravity - Combustion - Clean - Body Mechanics - Flora - Contaminated - Disinfection - Asepsis - Aerobic - Pathogen - Sterilization - Anaerobic - Nonpathogen - Antisepsis - Isolation - Susceptible Host - Nosocomial Infection - Iatrogenic - All assigned vocabulary pertaining to CPR - Heimlich maneuver

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide learners with reading assignments that will assist them in responding to questions in enabling objectives. | 1. Complete reading assignments to respond to statements in enabling objectives. |
| 2. Provide learners with vocabulary list to look up and study. | 2. Complete and study vocabulary words. |
| 3. Provide audio-visual aids which supplement learning of skills and knowledge contained in enabling objectives. | 3. View audio-visual aids which will help understanding of the concepts and principles of safety and infection control. |
| 4. Provide for field trip to a health care setting in order to see principles of safety and asepsis in action. | 4. Visit health care facilities to observe principles of safety and infection control in action. |
| 5. Demonstrate the skills in this unit. (Assign competent students to assist with checkoff of other students if necessary). | 5. Practice skills according to the checklists provided. When ready, be checked off by instructor. |
| 6. Have infection control person speak to learners about the problems involved. | 6. Attend lectures/presentations by experts who visit classrooms. |
| 7. Have fire safety person from a health care facility speak to learners about hazards. | 7. Using principles learned, do a self-check in your own home to discover if there are any safety problems or violation of aseptic principles. |
| 8. Have learners do a self-check of their own home environments on asepsis and fire safety. | 8. Practice body mechanics with all of your movements, whether in class or not. Share what you have learned with family friends. |
| 9. Provide practice sessions on body mechanics by providing problem-solving situations. | 9. Participate in the CPR course offered. Seek help as needed from instructor in order to complete the course. |
| 10. If not a certified CPR instructor, contact American Red Cross or American Heart Association to have instructor teach the CPR course. | 10. Practice the skills as assigned to become competent. |
| 11. Gather all equipment necessary after determining what will be needed (CPR mannequin, disinfectant, wipes, instruction books, etc.). | 11. Assure receipt of CPR card to validate you have successfully completed the course. |
| | 12. Continue to practice CPR often maintain competency. |

12. Monitor the CPR course and assist learners as necessary.
13. Upon completion of the CPR course of instruction, submit names of completers to proper office to obtain cards of completion for learners.

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.


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Evaluation Criteria

1. Learners will perform all skills according to checklists with 100% accuracy.
2. Learners will complete oral/written quizzes with a minimum of 80%.
3. Evaluation of CPR based on requirements of the American Red Cross or the American Heart Association.

Time: 2 hours

## Unit 4: Admission, Transfer and Discharge Procedures

Terminal Performance Objective: Given information on the nursing assistant's responsibilities to patients on admission, transfer and discharge to and from a health care facility, skill checklists for the procedures and simulated patients, the learner will achieve 100% accuracy on the procedures according to the checklists.

Enabling Objectives:

1. Describe the usual admission procedure.
2. Explain how to admit an individual to a room.
3. Admit a simulated patient to his/her room using the checklist.
4. Measure height and weight of a simulated patient using the checklist.
5. Identify and follow the facility's policy on care of valuables and clothing.
6. Identify and follow the facility's policy of transferring a patient from one room to another and from one facility to another.
7. Explain the patient's/resident's rights regarding transfers.
8. Follow the facility's policy of discharging patients.
9. Discharge a simulated patient using the checklist.

**********

Vocabulary to Know

| | | |
|---|---|---|
| valuables | orientation | warm welcome |
| signs | personal effects | inventory |
| baseline data | symptoms | facility policy |
| observation | reporting | identification bracelet |
| mode of transportation | patient's rights regarding transfers | |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide learners with assignments and/or information to help them complete objectives. | 1. Complete assignments on enabling objectives. |
| 2. Provide learners with checklists for all procedures. | 2. Use checklists, use classmates as simulated consumers, and practice the procedures. |
| 3. Provide guidelines for learners on practice sessions. | 3. Seek assistance from instructor when needed. |
| 4. Be available to assist learners as needed. Provide demonstrations as needed for each procedure. | 4. Practice procedure until ready for checkoff. |
| 5. Make available any additional aids to help learners. | 5. Complete oral/written examination on enabling objectives. |
| 6. Checkoff learners when they are ready. | |
| 7. Provide oral/written examination on enabling objectives. | |

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.


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Evaluation Criteria

1. Learner will achieve 100% on skills according to checklist.
2. Learner will demonstrate performances using appropriate communication and attitudes that reflect a professional-like manner.
3. Learner will achieve a minimum of 80% on oral/written examination.

Time: 18 Hours

## Unit 5: Personal Care Procedures

### Introduction

This unit introduces the learner to procedures of personal care of patients. The learner will find direction in performing the procedures by basing interactions with patients on a holistic philosophy which considers the total person. Emphasis is placed on independence and wellness and involves the consumer in performance of activities of daily living (ADL). The nursing assistant provides assistive devices as appropriate to meet patient needs. Prevention of deformities and complications and emphasis on maintenance and/or regaining of functions, provide a basis for goals for the nursing assistant and the patient. Maintenance of a safe, comfortable environment will also be emphasized.

Terminal Performance Objective: Given a review of communications, establishing relationships, body mechanics involved in the various procedures of personal care, and skill checklists to follow in performing the procedures, the learner will demonstrate the procedures with 100% accuracy. The learner will achieve a minimum of 80% on all oral/written examinations.

NOTE: This unit has been divided into subunits for easier comprehension and learning.

### Subunit A: Giving and Removing a Bedpan and Urinal (Male Patient)

Enabling Objectives:

1. Identify usual times a bedpan/urinal is needed or when these are usually offered for elimination.
2. Identify two (2) types of bedpans by name and when each type is needed.
3. Explain when output of urine in a bedpan/urinal will have to be measured, the abnormal characteristics of urine and what to report.
4. Demonstrate how to give and remove a bedpan using the checklist.
5. Explain abnormal characteristics of feces and what to report.
6. Demonstrate how to give and remove a urinal from a male patient.

**********

Vocabulary to Know

| | | |
|---|---|---|
| void | fracture pan | defecate |
| micturition | dysuria | feces |
| incontinence | diarrhea | clay-colored stools |
| flatus | urinary retention | amber colored urine |
| hemorrhoid | bloody, tarry stools | cloudy urine |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide for review of communications and body mechanics. | 1. Complete assignments in order to complete enabling objectives. |
| 2. Provide reading assignments to help learners complete enabling objectives. | 2. Watch demonstration of how to give and remove a bedpan. |
| 3. Demonstrate giving and removing a bedpan. Provide checklist. | 3. Practice giving and removing a bedpan using classmates as simulated patients and following the checklist. Be checked off when ready. |
| 4. Provide practice for learners using checklist and classmates as simulated patients. Check students off when they are ready. | 4. Watch demonstration of how to give and remove a urinal. |
| 5. Demonstrate giving and removing urinal on simulated male patient. Provide checklist. | 5. Practice giving & removing a urinal using classmates as simulated patient; use checklist as a guide. |
| 6. Provide audio-visual aids on procedures. | 6. View audio-visual aids available on the procedures. |
| 7. Provide oral/written examinations on enabling objectives. Provide clinical experience with supervision for students to apply skills. | 7. Complete oral/written examination. |
| | 8. Apply procedure during clinical experience if possible. |

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General References

Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Evaluation Criteria

1. Learner will exhibit professional-like manner in demonstrating procedures.
2. Learner will achieve 100% on skill checklists.
3. Learner will achieve at least 80% on oral/written examination.

Unit 5: Personal Care Procedures

Subunit B: Oral Hygiene

Enabling Objectives:

1. Identify usual times when oral hygiene is offered or provided for patients and three (3) benefits of oral hygiene.
2. Explain the three main types of oral hygiene: brushing, flossing and denture care.
3. Explain why examination and observation of the tissues of the mouth is important, especially with tobacco users and with aging persons.
4. Explain the importance of oral hygiene with persons who are unconscious.
5. Identify at least three (3) major disorders which indicate the need for frequent oral hygiene.
6. Demonstrate the procedure for brushing teeth using the skill checklist.
7. Demonstrate the procedure for flossing teeth using the skill checklist.
8. Demonstrate the procedure for oral hygiene of the unconscious patient using the skill checklist.
9. Explain safety precautions and why they are needed when providing care of removable dentures.
10. Demonstrate denture care using the checklist.

**********

Vocabulary to Know

| | | |
|---|---|---|
| oral hygiene | unconscious | lemon-glycerine swab |
| dentures | dental | caries |
| dental plaque | toothette | anorexia |
| stomatitis | sordes | halitosis |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments for learner to assist them in completing the enabling objectives. | 1. Complete assignments in order to complete enabling objectives. |
| 2. Provide learners with checklists for procedures. | 2. Watch demonstration of the teeth brushing procedure using the checklist. |

| | | | |
|---|---|---|---|
| 3. | Demonstrate the procedure for brushing teeth. | 3. | Using the checklist, practice the teeth brushing procedure using classmates as simulated patients. Be checked off when ready. |
| 4. | Demonstrate the procedures for flossing teeth, and for care of the unconscious patient using the checklists. | 4. | Watch demonstrations of flossing teeth and oral care of the unconscious patient. |
| 5. | Check off learners on procedures when they are ready. | 5. | Using the checklists, practice the procedures until ready for check off. |
| 6. | Demonstrate denture care using the checklist. | 6. | Watch demonstration of denture care. |
| 7. | Check off learners on denture care using the checklist. | 7. | Practice denture care using the checklist. Be checked off when ready. |
| 8. | Provide oral/written examinations on enabling objectives. | 8. | Complete oral/written examinations on enabling objectives. |

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.


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Evaluation Criteria

1. Learner exhibits professional-like manner when demonstrating procedures.
2. Learner achieves 100% on all procedures.
3. Learner achieves at least 80% on oral/written examinations.

Unit 5: Personal Care Procedures

Subunit C: Nail and Hair Care

Enabling Objectives:

1. Explain the importance of nail and hair care to the patient.
2. State reasons why the nursing assistant would not be permitted to trim a patient's nails.
3. Demonstrate nail care using the skill checklist.
4. Demonstrate hair care using the skill checklist.
5. Demonstrate the procedure for shampooing hair of a patient who is confined to bed, using the skill checklist.

**********

Vocabulary to Know

| | | |
|---|---|---|
| circulatory disorders | pediculosis | brittle nails |
| hair tangles | podiatrist | |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments to assist learners in completing enabling objectives. | 1. Complete assignments in order to complete enabling objectives. |
| 2. Provide learners with information on circulatory problems and related disorders which limit the nursing assistant's procedure of nail cutting. | 2. Study information sheets provided. |
| 3. Provide skill checklists of procedures to learners. | 3. Watch demonstration of procedures on nail cutting and shampooing hair of a patient confined to bed. |
| 4. Using checklist, demonstrate nail cutting procedure. | 4. Using the skill checklists, practice the procedures using simulated patients. |
| 5. Using checklist, demonstrate shampooing of hair in bed. | 5. Be checked off on procedures by instructor when ready. |
| 6. Allow learners to practice procedures. | 6. Complete oral/written examinations on enabling objectives. |
| 7. Check off learners on procedures. | |
| 8. Provide oral/written examinations on enabling objectives. | |

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General References

Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Evaluation Criteria

1. Learner will exhibit a professional-like manner when demonstrating procedures.
2. Learner will achieve 100% accuracy according to the skill checklists.
3. Learner will achieve at least 80% an oral/written examinations based on enabling objectives.

## Unit 5: Personal Care Procedures

### Subunit D: Skin Care Procedures

Enabling Objectives:

1. Explain the importance of skin care.

2. Explain the importance of nursing actions in caring for the skin of persons confined to bed. Include complications which can develop.

3. Identify nursing actions which will help to prevent the following: pressure areas, decubitus ulcers, pruritus, and skin rashes. Include items which can be added to the bed in the bed making procedure.

4. Demonstrate how to give a back rub, using the skill checklist provided.

5. Demonstrate how to provide perineal care, using the skill checklist provided.

6. Demonstrate care given when a patient is incontinent of urine, cannot control feces, or both, using the skill checklist provided.

7. Develop a list of nursing assistant actions which help to prevent problems of a patient confined to bed or chair.

8. Explain how to care for prosthetics including: artificial eyes, artificial limbs, hearing aids, breast prosthesis and other orthotics that support weak limbs and feet. (See checklists.)

**********

Vocabulary to Know

| | | |
|---|---|---|
| infection | perineal | nursing action |
| pruritus | incontinent | prosthesis |
| decubitus, decubiti | feces | orthotics |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments to assist learners in completing the enabling objectives and in learning vocabulary. | 1. Complete assignments in order to complete enabling objectives. |
| 2. Provide audio-visual aids which help learners to identify skin problems which can develop. | 2. View audio-visual aids which will help in understanding why prevention is so necessary. |
| 3. Provide skill checklists for the procedures to be demonstrated. | 3. Watch demonstration of skin care procedures. |

| | | | |
|---|---|---|---|
| 4. | Demonstrate the back rub, using the checklist. | 4. | Using skill checklists, practice the back rub, perineal care and incontinent care. Be checked off when ready. |
| 5. | Demonstrate perineal care, using the checklist. Demonstrate incontinent care, using the checklist. | 5. | Watch demonstration of how to use the worksheet on listing nursing actions by nursing assistants. Use the worksheet to prepare a list of actions for a person confined to bed or chair, and in case orthotics. |
| 6. | Demonstrate the use of the worksheet. (See Appendix B). Have learners complete ones on skin care, prosthetic care. | 6. | Complete oral/written examinations based on enabling objectives. |
| 7. | Provide oral/written examinations based on enabling objectives. | | |

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Specific Reference: See worksheet for nursing actions in Appendix B

General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.


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Evaluation Criteria

1. Learner provides for privacy and exhibits a concern for preserving dignity of individuals who require intimate skin care procedures.
2. Learner exhibits professional-like manner when demonstrating procedures.
3. Learner achieves 100% accuracy on procedures and at least 80% on the oral/written examinations based on enabling objectives.

Unit 5: Personal Care Procedures

Subunit E: Bathing Procedures

Enabling Objectives:

1. Identify the three major ways bathing is done.
2. List five (5) benefits of bathing.
3. List the kinds of observations the nursing assistant can make and later report while bathing a patient.
4. Explain the importance of privacy for the patient during bathing procedures.
5. List at least three (3) safety measures to be carried out during a bed bath, a shower and a tub bath.
6. Using the skill checklist, demonstrate a complete bed bath. Know the differences for a partial bath.
7. Using the skill checklist, demonstrate assisting the patient with a tub bath.
8. Using the skill checklist, demonstrate assisting the patient with a shower.

**********

Vocabulary to Know

| | | |
|---|---|---|
| A.M. care | partial bath | bath mitten |
| P.M. care | complete bath | towel bath |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments that assist learners in completing enabling objectives. | 1. Complete assignments in order to complete enabling objectives. |
| 2. Provide audio-visual aids on procedures. | 2. View audio-visual aids on procedures. |
| 3. Demonstrate how to give a complete bed bath and partial bath. | 3. Watch demonstrations on bathing procedures given by instructor. |
| 4. Have learners practice the procedures according to the skill checklists that are provided. Emphasize safety and privacy. | 4. Using the skill checklists, and classmates as simulated consumers, practice the bathing procedures. Be checked off when ready. |

5. Check off learners on bed bath, shower and tub procedures when they are ready.
6. Provide oral/written examinations on enabling objectives.

5. Learn to provide for privacy and safety in all bathing procedures.
6. Complete oral/written examinations on enabling objectives.

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.


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Evaluation Criteria

1. Learner exhibits professional-like manner in demonstrating procedures.
2. Learner demonstrates a concern for privacy and safety.
3. Learner achieves 100% accuracy on skill checklists and at least 80% on the oral/written examinations on the enabling objectives.

Unit 5: Personal Care Procedures

Subunit F: Shaving a Male Patient

Enabling Objectives:

1. Explain importance of shaving a male patient.
2. Identify safety measures involved in shaving.
3. Demonstrate shaving a male patient using the skill checklist provided.

**********

Vocabulary to Know

taut skin safety razor electric razor
oxygen precautions

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments which assist learners to complete enabling objectives and to learn vocabulary. | 1. Complete assignments on enabling objectives and vocabulary. |
| 2. Provide information on the safety measures when shaving, especially with electric razor. | 2. Watch demonstration of the shaving procedure and practiced the procedure using the skill checklist. |
| 3. Demonstrate the shaving procedure using the skill checklist. | 3. Complete oral/written examinations on enabling objectives. |
| 4. Provide skill checklists to learners. | |
| 5. Check off learners when ready. | |
| 6. Provide oral/written examinations on enabling objectives. | |

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General References

Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

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Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Evaluation Criteria

1. Learner exhibits professional-like manner when demonstrating procedures.
2. Learner achieves 100% accuracy according to the skill checklist and at least 80% on the oral/written examinations.

Unit 5: Personal Care Procedures

Subunit G: Dressing and Undressing

Enabling Objectives:

1. Explain the importance of grooming and maintaining sexual identity for the resident in a long-term care setting.

2. Explain the differences in apparel worn by resident in an acute care setting versus a long-term care setting.

3. Demonstrate how to undress a person with an affected arm and leg.

4. Demonstrate how to dress a person with an affected arm and leg.

5. Identify various types of clothing which could be suggested to family members of a person who has difficulty dressing and undressing because of affected hands/arms.

6. Identify assistive (self-help) devices which help disabled persons to dress and undress.

**********

Vocabulary to Know

| | | |
|---|---|---|
| paralysis | velcro | assistive devices |
| modified clothing | disabled | self-help |
| independence | | |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments to assist in completing enabling objectives and learning vocabulary. | 1. Complete assignments on enabling objectives and vocabulary. |
| 2. Provide skill checklists for dressing and undressing persons with affected arm/leg. | 2. Watch demonstration of procedures. |
| 3. Demonstrate procedures. | 3. Using the skill checklist, practice the procedures with classmates. Be checked off when ready. |
| 4. Provide for a guest speaker from a medical supply house to show devices that assist in dressing and undressing or arrange for trip to supply house. | 4. Attend presentation or field trip on assistive devices which help people to dress and undress. |
| 5. Provide oral/written examination based on enabling objectives. | 5. Complete oral/written examination on objectives. |

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General References

Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations,. Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Evaluation Criteria

1. Learner exhibits professional-like manner in demonstration of procedures.
2. Learner achieves 100% accuracy on procedures and at least 80% on oral/written examinations based on enabling objectives.

Unit 5: Personal Care Procedures

Subunit H: Bedmaking and Environmental Comfort

Enabling Objectives:

1. Explain the importance bedmaking has to the comfort of a patient.
2. Identify the characteristics of a well-made bed.
3. Demonstrate how to make an unoccupied bed:
   (a) that is closed, (b) that is open, using the checklists.
4. Demonstrate how to make an occupied bed, using the checklist.
5. List and explain the purpose of the following comfort devices which are added to the bed or to the person: bed cradle, foot board, sheepskin pad, heel/elbow protectors, hand rolls/braces, trochanter rolls, and overlays: eggcrate mattress and air/water/gel-filled mattresses.
6. Using an environmental checklist, check the patient's environment for safety, cleanliness and comfort.

**********

Vocabulary to Know

| | | | |
|---|---|---|---|
| closed bed | trochanter | mitered corner | overlays |
| open bed | eggcrate | fan-fold | |
| occupied | environment | drawsheet | |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments to assist learners in completing enabling objectives and learning vocabulary. | 1. Complete assignments on enabling objectives and vocabulary. |
| 2. Provide checklists for bedmaking procedures. | 2. Watch demonstration on bedmaking procedures. |
| 3. Demonstrate bedmaking procedures using the checklists. | 3. Using the checklists, practice the bedmaking procedures and be checked off when ready. |
| 4. Provide examples of the comfort devices and demonstrate uses (objective number 5). | 4. Use the checklist to check a patient's environment and discuss the factors that were violated. |
| 5. Have students check the patient's environment using the checklist. | 5. Become familiar with the comfort devices, their purposes, and practice using them. |
| 6. Have learners practice the procedures and check them off when ready. | 6. Complete oral/written examinations based on enabling objectives. |
| 7. Provide oral/written examinations based on enabling objectives. | |

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General References

Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Evaluation Criteria

1. Learner exhibits professional-like manner in demonstrating bedmaking procedures.
2. Learner achieves 100% accuracy when demonstrating procedures and at least 80% on oral/written examinations.

Unit 5: Personal Care Procedures
Subunit I: Special Nutritional Requirements

Enabling Objectives:

1. Name the 4 basic food groups and 3 examples of each. **(Core I)**

2. Make a chart containing the following: 5 basic nutrients plus water, purposes each serves in the body and an example of a food that contains each nutrient and water. **(Core I)**

3. Define what is meant by fluid balance.

4. Describe the special dietary requirements for individuals who have diabetes, circulatory/cardiac disease, duodenal ulcers, gall bladder disease, recent abdominal surgery, and severe constipation.

5. List dietary practices which are significant to the following religious groups: Seventh Day Adventists, Mormon, Jewish Orthodox, and Roman Catholic.

6. Demonstrate preparing, serving, and feeding of the helping and helpless patient using the checklists.

7. Demonstrate use of a thumb-controlled syringe to place liquids and pureed foods mid-line on the tongue of patients with feeding and swallowing difficulties, using the checklist.

8. Demonstrate completing the intake and output sheet on a simulated patient using the guidelines provided.

9. Demonstrate observations of the patient receiving intravenous feeding using the checklist.

10. Demonstrate observations of the patient receiving tube feedings using the checklists.

11. Describe assistive devices available to assist patients in eating meals.

12. Review the Heimlich Maneuver procedure and when it is used.

**********

Vocabulary to Know

| | | |
|---|---|---|
| fluid balance | I & O | intravenous |
| therapeutic diet | patient | parenteral fluids |
| house diet | nausea | hyperalimentation |
| regular diet | dehydrated | nasogastric |
| special diet | constipated | gastrostomy |
| supplemental | fluids | duodenal |

Teacher Activities

1. Provide assignments that will assist learners in completing enabling objectives and learning vocabulary.
2. Provide checklists for all procedures that learners will be demonstrating.
3. Assist learners with developing a chart to complete objective #2.
4. Demonstrate procedures to learners; supplement with audio-visual aids.
5. Provide simulated case studies for learners to practice I & O; emphasize fluid balance considerations and accuracy in totals.
6. Allow students to practice the simulated procedures using classmates as simulated patients. Discuss proper actions if patient chokes. Check off learners.
7. Provide oral/written examination based on enabling objectives.

Learners Activities

1. Complete assignments in order to accomplish enabling objectives and learn vocabulary.
2. View all visual-aids available.
3. Complete chart on nutrition in objective #2.
4. Practice all procedures using classmates as patients and follow the checklists. Be checked off when ready.
5. Practice I & O sheets provided; strive for accuracy.
6. Complete clinical experience which provides for applying procedures, under supervision, with patients.
7. Complete oral/written examinations on enabling objectives.

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Specific and General References


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Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.


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Evaluation Criteria

1. Learner will demonstrate professional-like manner when performing procedures.
2. Learner will demonstrate attitude of caring about procedures, about patients, about accuracy.
3. Learner will achieve 100% accuracy on procedures.
4. Learner will achieve a minimum of 80% on oral/written examinations based on enabling objectives.

## Unit 5: Personal Care Procedures

### Subunit J: Vital Signs

Enabling Objectives:

1. List the 4 vital signs, their normal ranges for average adults and indicate abnormal readings which may indicate illness. **(Core I)**

2. Select a disease and research what changes/symptoms are expected to take place in the vital signs of an individual with the disease. (Optional) **(Core I)**

3. Using the skill checklists,, practice monitoring vital signs (TPR and BP) in class and with family members. **(Core I)**

4. When ready, be checked off by instructor, for 100% accuracy on 3 simulated health care consumers. **(Core I)**

**********

Vocabulary to Know

| | | |
|---|---|---|
| Physiological | Dyspnea | Rate |
| Apnea | Febrile | Tachypnea |
| Rhythm | Afebrile | Tachycardia |
| Hypertension | Force | Bradycardia |
| Hypotension | Irregular Pulse | Shock |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide reading and study assignments to assist learners with questions in the enabling objectives. | 1. Read and study assignments and answer questions in enabling objectives. |
| 2. Provide vocabulary lists and assignment to assist learner to find word meanings. | 2. Know the words on the vocabulary list and their meanings. Be able to apply to the appropriate skills on checklists. |
| 3. Have learners report on the TPR & BP changes for the disease they selected. (This is optional). | 3. Using the checklists on skills of vital signs, practice them after watching demonstrations. Have instructor help you when needed. |
| 4. Provide learners with skill checklists for TPR & BP. | 4. View all visual aids available which will help in understanding difficult consumer reactions and proper techniques of taking vital signs. |
| 5. Give demonstrations on monitoring vital signs, use various type equipment. | |
| 6. Have students practice skills on each other. | |

7. Provide audio-visual aids on ill consumers/patients which show reactions and changes in vital signs.
8. Check off students on 3 different simulated consumers using skill checklists.
9. Provide oral/written examination.

5. Be able to achieve 100% accuracy on skills on 3 different simulated consumers (classmates).

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General References

See appendix for audio-visual aids.


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.


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Evaluation Criteria

1. Learners will achieve 100% accuracy on all skill checklists.
2. Learners will achieve 80% on all oral/written examinations based on enabling objectives.

Time: 5 hours

## Unit 6: Exercise and Activity

Terminal-Performance Objective: Given information on the need for exercise and activity, procedure checklists for: range of motion (ROM); positioning of patients with alignment; moving, transferring to wheelchair and stretcher; and ambulating, the learner will demonstrate the procedures achieving 100% accuracy and at least 80% on oral/written examinations.

NOTE: Elderly/thin/paralyzed patients or patients in bed most of the time should not be positioned directly on their side. A modified position; semi-prone, semi-supine or modified lateral should be used (See Witmer or Will and Eighmy texts).

Enabling Objectives:

1. Describe at least two (2) benefits of exercise and activity on each of the body systems (circulatory, respiratory, muscular, skeletal, integumentary, endocrine, digestive, urinary and nervous systems).
2. List ten (10) complications which can occur if a person were confined to bed without exercise.
3. Define body alignment.
4. Demonstrate range of motion using the skill checklist.
5. Demonstrate moving a patient up in bed using the checklist.
6. Demonstrate transferring a patient to a wheelchair or chair and back using the checklist.
7. Demonstrate transferring a patient to a stretcher and back using the checklist.
8. Demonstrate transferring a patient using a mechanical lift.
9. Using the skill checklists, demonstrate positioning patients in the following: supine, prone, side-lying, Sims' and Fowler's; discuss variations of supine and prone and when to avoid side-lying position.
10. Using the skill checklists, demonstrate ambulating a patient using a walker, cane, gait belt and without aids.
11. Using the skill checklist, demonstrate how to protect the patient and yourself if the patient should begin to fall while ambulating.
12. Describe your role in assisting the patient to maintain his/her independence while protecting them from injury.

**********

Vocabulary to Know

| | | |
|---|---|---|
| ambulate | Sims' | adduction |
| ROM | Fowler's | abduction |
| flexion | extension | pronate |
| supinate | Assist-o-Kinetics | |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments which assist learners to complete enabling objectives. | 1. Complete assignments which help to complete enabling objectives. |
| 2. Provide audio-visual aids which help learners to understand the procedures and the complications which can develop with inactivity. | 2. View audio-visual aids on all procedures and complications of inactivity. |
| 3. Demonstrate ROM and positioning using checklist. | 3. Watch demonstrations of all procedures. |
| 4. Demonstrate transfers and ambulation procedures using the checklists. | 4. Using checklist, and classmates as simulated patients, practice all procedures. Be checked off when ready. |
| 5. Demonstrate what to do if a patient begins to fall using the checklist. | 5. Practice transfer procedures to wheelchair and to stretcher. Be checked off by instructor when ready. |
| 6. Check off learners on all procedures when they are ready. | 6. Complete oral/written examinations based on enabling objectives. |
| 7. Provide oral/written examination on enabling objectives. | |

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General References

Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.

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Evaluation Criteria

1. Learner exhibits professional-like manner when demonstrating procedures.
2. Learner demonstrates attitude of concern for safety and for involvement of patients in procedures.
3. Learner achieves 100% accuracy on the procedures and at least 80% on the oral/written examinations.

Time: 4 hours

## Unit 7: Elimination Procedures

Terminal Performance Objective: Given information on the problems which occur with the bladder and bowel of individuals, given guidelines for assisting individuals with their problems in order to regain control of normal functioning, and given procedure checklists, the learner will: (1) develop a list of nursing assisting actions to assist a person with bladder and with bowel problems (2) perform procedures with 100% accuracy according to the skill checklists and (3) achieve at least 80% on the oral/written examinations based on enabling objectives.

NOTE: This unit has been divided into subunits for easier comprehension and learning.

### Subunit A: Urinary Bladder Elimination

Enabling Objectives:

1. Review the urinary system.
2. Identify the normal characteristics of urine and usual amounts voided.
3. Define urinary incontinence and state five (5) reasons why some people become incontinent.
4. Explain the importance of fluids to the body in general and to bladder retraining specifically.
5. Describe what an indwelling or retention catheter is and why it is a source of infection.
6. Demonstrate catheter care according to the checklist.
7. Develop a list of nursing assisting actions to be used as a guideline in helping a person regain normal bladder control.

**********

Vocabulary to Know

| | | |
|---|---|---|
| Incontinence | concentrated urine | kegel exercise |
| urinary retention | sphincter weakness | foley catheter |
| hydration | urethra | |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments in order to assist learners in completing enabling objectives and in learning vocabulary. | 1. Complete assignments in order to complete enabling objectives and to learn vocabulary. |
| 2. Provide audio-visual aids which help learners to understand urinary problems and care procedures. | 2. Review the urinary system and its functions. Know the normal characteristics of urine. |
| 3. Give explanation of how the indwelling catheter is held in place, and the importance of the closed system. | 3. View audio-visual aids to learn more about urinary problems and care. |
| 4. Demonstrate catheter care procedure according to the checklist. Check off students when they are ready. | 4. Gain an understanding of the indwelling catheter and the importance of the system. |
| 5. Provide guidance to learners in developing list of nursing assisting actions for bladder retraining. See Witmer (1990). | 5. Watch demonstration of catheter care. |
| 6. Provide oral/written examinations based on enabling objectives. | 6. Practice catheter care following the skill checklist, be checked off when ready. |
| | 7. Develop a list of nursing assisting actions to help in bladder control. Seek help from teacher. |
| | 8. Complete oral/written examinations on enabling objectives. |

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

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Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.


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Evaluation Criteria

1. Learner provides for privacy and exhibits consideration of patient's feelings during catheter care.
2. Learner follows teacher's guidelines in the development of a bladder control outline.
3. Learner achieves 100% on the procedure checklist and at least 80% on the oral/written tests.

Unit 7: Elimination Procedures

Subunit B: Bowel Elimination

Enabling Objectives:

1. Review the digestive system which contains the large bowel.
2. Identify the normal characteristics of feces.
3. Define the following terms: constipation, diarrhea, fecal impaction.
4. Explain the importance of fluids, fiber and exercise to bowel management.
5. Define the words ileostomy and colostomy and why they might be performed on individuals.
6. Describe the procedure of checking the rectum for presence of feces as it is done by licensed personal.
7. Demonstrate how to administer a cleansing enema, using the skill checklist.
8. Demonstrate care of an established colostomy, using the skill checklist. (optional depending on facility and policies).
9. Develop a list of nursing assisting actions to be used as a guideline in helping a person to regain normal bowel function.

**********

Vocabulary to Know

| | | |
|---|---|---|
| tarry stools | peristalsis | diverticulitis |
| clay colored | stools impaction | bowel obstruction |
| occult blood | colectomy | appendicitis |
| fleets enema | established colostomy | |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments in order to assist learners in completing enabling objectives and learning vocabulary. | 1. Complete assignments in order to complete enabling objectives. |
| 2. Provide audio-visual aids which help in the learning of bowel problems and care procedures. | 2. Review the digestive system and large bowel - know its functions and the characteristics of normal feces. |
| 3. Describe how licensed staff do stool checks. | 3. Understand how stool checks are done by licensed staff. |

4. Demonstrate how to give a soap suds enema using the skill checklist.
5. Demonstrate colostomy care of established colostomies.
6. Provide guidelines for learners for developing an outline for bowel management. (See Witmer (1990).
7. Provide oral/written examinations based on enabling objectives.

4. Using the skill checklist for the enema, practice the procedure, be checked off when ready.
5. Watch the demonstration of colostomy care on established colostomies. Practice, using checklist. Be checked off.
6. Develop a list of nursing assisting actions as a guide in helping a person to reestablish normal bowel function.
7. Complete oral/written examinations based on enabling objectives.

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.


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Evaluation Criteria

1. Learner provides for privacy and exhibits consideration of patient's feelings during enema and colostomy care procedures.
2. Learner follows teacher's guidelines in development of a bowel management outline.
3. Learner achieves 100% on the procedure checklists and at least 80% on the oral/written examination.

Time: 1 hour, unit total

## Unit 8: Collection of Specimens

Terminal Performance Objective: Given information on the various types of urine, stool, blood and sputum specimens that are collected, procedure checklists and simulated patients, the learner will demonstrate collection of the specimens with 100% accuracy according to the checklists and achieve at least 80% on the oral/written examinations based on the enabling objectives.

NOTE: This unit has been divided into subunits for easier comprehension and learning.

### Subunit A: Collection of Urine Specimens
Time 1/2 hour

Enabling Objectives:

1. Name at least three (3) conditions or diseases for which urine specimens are usually needed for analysis.
2. List five (5) general rules which apply to the collection of all specimens.
3. Demonstrate the collection of a routine urine specimen according to the checklist.
4. Demonstrate the collection of mid-stream or clean catch urine specimen according to the checklist.
5. Explain the collection of a 24-hour urine specimen.

**********

Vocabulary to Know

| | | |
|---|---|---|
| clean catch | perineum | penis |
| mid-stream | vulva | genital area |
| laboratory form or slip | catheterization | straining urine |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments to assist learner in completing enabling objectives and in learning vocabulary. | 1. Complete all assignments in order to complete enabling objectives and to learn vocabulary. |
| 2. Demonstrate collection of routine, and clean catch urine specimens. | 2. Watch demonstrations of urine specimen collections. |
| 3. Provide audio-visual aids on urine specimen collections. | 3. View audio-visual aids on specimen collection procedures. |

4. Provide opportunity for learners to test sample of their own urine, using diastix or available equipment.
5. Provide oral/written examination based on enabling objectives.

4. Using skill checklists, practice collection of routine, clean catch specimens. Be checked off when ready.
5. Know procedures for urine collections: 24-hour and routine.
6. Complete oral/written examinations on enabling objectives.

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.


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Evaluation Criteria

1. Learner exhibits a professional-like manner in demonstrating procedures.
2. Learner achieves 100% accuracy on procedures and at least 80% on oral/written examinations based on enabling objectives.

## Unit 8: Collection of Specimens

### Subunit B: Collection of Stool Specimens
Time: 1/2 hour

Enabling Objectives:

1. Name at least three (3) conditions/diseases for which stool specimens are usually needed for analysis.

2. State why stool specimens for ova and parasites should be kept warm.

3. Demonstrate the collection of a routine stool specimen or be able to explain the steps of the procedure according to the checklist.

4. Demonstrate the collection of a stool specimen for occult blood or be able to explain the steps of the procedure according to the checklist.

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Vocabulary to Know

ova and parasites | occult blood | hemoccult test

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments to assist learners in completing enabling objectives and in learning vocabulary. | 1. Complete assignments in order to complete enabling objectives. |
| 2. Provide demonstrations of collecting a routine stool specimen and one for occult blood. (Use the hemoccult kit if available). Use the skill checklists. | 2. Watch demonstrations of the collection of stool for routine and occult blood. |
| 3. Provide learners with the skill checklists. Check them off when ready. | 3. Practice the collections using the checklists. Be checked off when ready. |
| 4. Provide oral/written examinations based on enabling objectives. | 4. Complete oral/written examinations based on enabling objectives. |

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General References

Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Evaluation Criteria

1. Learner exhibits a professional-like manner in demonstrating procedures.
2. Learner achieves 100% accuracy on the skill checklist and at least 80% on the oral/written examination.

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Subunit C: Blood and Sputum Collections

Enabling Objectives: (Be able to respond to the following on your oral/written examination).

1. Describe the role of the nursing assistant in preparation of patients for blood specimen collection.

2. Describe the role of the nursing assistant in preparation of patients in sputum specimen collection.

3. Explain why the nursing assistant is usually not involved in the actual collection of blood and sputum.

Time: 1 hour

## Unit 9: Procedures for Unsterile Warm and Cold Applications

Terminal Performance Objective: Given information on the principles of applying warm and cold applications, safety measures involved, and procedure checklists using simulated patients, the learner will demonstrate the procedures achieving 100% accuracy on the procedures and at least 80% on oral/written examinations based on the enabling objectives.

Enabling Objectives:

1. Explain the basic underlying principle of using heat to a part of the body.
2. List two (2) major effects of the use of heat.
3. Explain the basic underlying principle for using cold to a part of the body.
4. List two (2) major effects of the use of cold.
5. List five (5) types of hot applications.
6. List five (5) types of cold applications.
7. Describe the physiological differences between moist and dry applications.
8. List five (5) safety factors that need to be considered when administering cold applications and five (5) safety factors that need to be considered for warm applications. (Temperatures, time to check, distance from heat lamp, skin condition, patient's comfort, etc.)
9. Demonstrate how to apply a warm water bottle and then an ice bag, using the skill checklists.
10. Demonstrate the application of a heat lamp, according to the checklist.
11. Be able to describe the major steps in the application of the following: Sitz bath, alcohol or tepid sponge, the acquamatic K-Pad.

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Vocabulary to Know

| | | |
|---|---|---|
| dilated | dry | (warm/cold) excoriation |
| constricted | moist | (warm/cold) cyanosis |
| aquamatic | localized | blanching |
| discoloration | generalized | Sitz |
| hypothermia | tepid | |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments to assist learners in completing enabling objectives and in learning vocabulary. | 1. Complete assignments in order to complete enabling objectives and to learn vocabulary. |
| 2. Provide audio-visual aids to help learners understand the principles and effects of warm and cold applications. | 2. View audio-visual aids to learn the principles of warm and cold applications and the procedures involved. |
| 3. Provide different kinds of equipment used so learners can become familiar with them. | 3. Examine equipment available to become familiar with various kinds discussed in your reading. |
| 4. Demonstrate the application of warm and cold bottles and the heat lamp according to skill checklists. | 4. Watch demonstrations of procedures in objective #11 and be able to explain major steps, including safety measures. |
| 5. Provide skill checklists to learners for their practice. Check them off when ready. | 5. Using the skill checklists, practice the procedures. Be checked off when ready. |
| 6. Demonstrate the uses of other applications for learners understanding (Objective #11). | 6. Complete oral/written examinations based on enabling objectives. |
| 7. Provide oral/written examinations on enabling objectives. | |

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.


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Evaluation Criteria

1. Learner exhibits concern for safety and patient comfort when demonstrating procedures.
2. Learner achieves 100% accuracy on procedures and at least 80% on oral/written examinations.

Time: 13 hours

## Unit 10: Variations in Nursing Care: Special Nursing Responses

Terminal Performance Objective. Given a review of the holistic approach to nursing care of consumers and nursing goals based on restoration and rehabilitation which guide nursing actions, the learner will participate in care by developing a list of nursing assisting actions that can be carried out under supervision of licensed nursing personnel and which are specific to particular problems of consumers. Focus of care will be on the potential consumers can achieve rather than on limitations imposed by physiological and or psychological deficits. Learners will achieve 100% accuracy on procedures and at least 80% on oral/written examinations based on enabling objectives.

NOTE: This unit has been divided into subunits for easier comprehension and learning.

### Subunit A: Rehabilitation of Consumers with Special Needs

Enabling Objectives:

1. Identify attitudes nursing assistants must acquire to work successfully with individuals impaired physically and mentally. Consider individuals with obvious disfigurement of face and body and those with memory loss.

2. Review the dimensions and scope of needs human beings experience and consider how these needs are met or unmet by individuals with mental and physical limitations.

3. List the types of limitations individuals can have that deal with the senses, with ability to communicate, with activities of daily living, with ability to hold a job.

4. Using assigned reading as a guide, develop a plan of reality orientation which can be used when working with a confused person. Include what would be reported and recorded.

5. Using assigned case study of an individual who has difficulty speaking, list actions nursing assistants can use to help communication. Include what would be reported and recorded.

6. Using assigned case study of an individual with physical limitations, outline nursing assistant activities which will help in restorative care. Include: self-care training, task analysis to increase independence and what would be reported and recorded.

7. Identify five (5) behaviors of elderly people which are mechanisms for coping with life's changes.

8. Review the anatomical systems of the body: circulatory, respiratory, integumentary, genito-urinary, reproductive, endocrine, gastrointestinal, musculoskeletal, nervous and sensory, and list the normal changes in elderly people.

9. Identify the psychosocial and cognitive changes or adjustments the elderly person must make to compensate for the anatomical and physiological changes in objective #8.

10. Explain how family members contribute to psychosocial emotional support and rehabilitation of residents.

**********

Vocabulary to Know

| | | |
|---|---|---|
| need | reality orientation (R.O.) | deficits |
| physical | prosthesis | potential |
| aphasia | rehabilitation (rehab) | restoration |
| emotional | function | coping mechanism |
| cognitive | social | psychosocial |
| physiological | psychological | limitations |
| ADL | | |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments which will assist learners in completing enabling objectives and learning vocabulary. | 1. Complete assignments in order to complete enabling objectives. |
| 2. Provide audio-visual aids which help learners understand the philosophy of restoration and rehabilitation and needs for same. | 2. View audio-visual aids in order to learn more about the philosophy of rehabilitation and the needs of consumers for same. |
| 3. Provide learners with presentations from rehabilitation specialists. | 3. Attend presentations by speakers on rehabilitation. |
| 4. Arrange field trip to rehabilitation center to observe devices used in rehabilitation for communication as well as physical limitations. | 4. Attend field trip, if available, to rehabilitation center. |
| 5. Provide guidelines on developing actions for care for objectives 4, 5, 6. (Worksheet on nursing actions in Appendix B). | 5. Review guidelines given on developing nursing actions. |
| 6. Provide oral/written examinations based on enabling objectives. | 6. Using guidelines, develop the three (3) nursing outlines in objectives 4, 5, and 6. |
| 7. Determine grading on nursing outlines developed by learners and let them know in advance. | 7. Complete oral/written examinations on enabling objectives. |
| | 8. Speak to elderly members of your family or to elderly friends and learn how they have coped with the necessary life changes in order to maintain independence in living. |

8. Provide reference for coping mechanisms of elderly.
9. Provide diagrams or audio-visuals of the body system--give age-related changes.
10. Discuss the implications of changes in Objectives #5 and the adjustments needed by elderly.

9. Study the body systems and age-related changes.
10. Speak with elderly people you know, about their own adjustments and how they met their changing physical needs. Discuss in class.

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.


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Evaluation Criteria

1. Learner will develop outlines of nursing assisting actions for objectives 4, 5 and 6 based on grading determined by teacher. Learner will know grading and guidelines before assignments are started.
2. Learner achieves at least 80% on oral/written examinations based on objectives.

Unit 10: Variations in Nursing Care: Special Nursing Responses

Subunit B: Individuals with Conditions of the Nervous System

Enabling Objectives:

1. Review the nervous system.

2. Identify and describe the following common disorders involving the nervous system: stroke (CVA); spinal cord injuries; epilepsy; multiple sclerosis; Parkinson's disease; infections resulting in encephalitis and meningitis; and sensory loss: deafness, blindness, aphasia.

3. Using a skill checklist, demonstrate nursing actions for persons who have seizures.

4. Using guidelines provided, develop an outline of nursing actions performed by nursing assistants which reflect restorative nursing measures for a person with spinal cord injury. Consider all needs. Include what to report and record.

5. Using guidelines provided, select a neurological disorder (excluding objective 4) and develop an outline of nursing assistant care which considers all needs. Include what to report and to record.

6. Identify and explain assessment of level of consciousness of a patient with a neurological disorder. Include assessment procedure in what to report and to record.

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Vocabulary to Know

alert
hemiplegia
dysphagia
dysarthria
coma
level of consciousness
lethargy
cerebral vascular accident (CVA)
convulsion
petit mal, grand mal
semi-coma
stupor
clonic
tonic

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| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments which help learners in completing enabling objectives and learning vocabulary. | 1. Complete assignments in order to complete enabling objectives and to learn vocabulary. |
| 2. Provide skill checklist for care of people with seizures. Check off learners when they are ready. | 2. Using the checklist on care of a person who has a seizure, practice with classmates as simulated patient. |

3. Arrange for field trip to rehabilitation center for rehabilitation techniques of persons with neurological problems.
4. Arrange for guest speaker to talk about restorative techniques.
5. Provide guidelines for learners in developing actions by nursing assistants.
6. Provide grading on outlines of nursing actions for learners. Let them know in advance of assignment.
7. Provide audio-visual aids on persons with neurological problems.
8. Provide oral/written examination enabling objectives.

3. Attend field trip to rehab center or presentation by guest speaker on rehab of people with neurological disorders.
4. Using guidelines provided, develop care plans for objectives 4 and 5.
5. Using the skill checklist for assessing levels of consciousness, identify and explain with a classmate as a simulated patient.
6. View audio-visual aids available to learn more about neurological problems.
7. Complete oral/written examinations on enabling objectives.

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

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Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.


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Evaluation Criteria

1. Learner develops outline for objectives 4 and 5 based on grading criteria determined by teacher. Learner will know grading criteria before assignments are started.
2. Learner achieves 100% accuracy on skill checklist for care of a person with a seizure and at least 80% on oral/written examinations based on enabling objectives.

## Unit 10: Variations in Nursing Care: Special Nursing Responses

### Subunit C: Care of Individuals with Diabetes

Enabling Objectives:

1. Review the endocrine system and the function of the pancreas.
2. Explain the physiology underlying the condition of Diabetes.
3. Describe the symptoms of hyperglycemia and hypoglycemia as they occur in diabetic coma and insulin shock.
4. Explain the treatment for diabetic coma and for insulin shock.
5. Using guidelines provided, outline a list of nursing assisting actions for a diabetic patient on insulin therapy. Include what should be reported and recorded.
6. Optional: Demonstrate how to test urine for the presence of sugar and acetone using the skill checklists.
7. Demonstrate how to test blood for presence of sugar using the skill checklist for finger sticks and comparing to color chart/glucose monitoring unit.

**********

Vocabulary to Know

| | | |
|---|---|---|
| hyperglycemia | insulin shock | acidosis |
| hypoglycemia | hormone | ADA diet |
| diabetic coma | endocrine gland | clinitest |
| ketones, acetones | testape | diastix |
| chemstrip BG | | |

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| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments to help learners complete enabling objectives. | 1. Complete assignments in order to complete enabling objectives. |
| 2. Provide for review of the endocrine system and the physiology underlying diabetes. | 2. Review the endocrine system and be able to explain the physiology of diabetes. |
| 3. Provide guidelines for developing a list of nursing actions emphasizing: dietary management, prevention of infections, foot care, exercise, observations for symptoms of shock/coma. | 3. Using the guidelines provided, develop a list of nursing actions by assistants which help to prevent complications for diabetic patients. |

| | | | |
|---|---|---|---|
| 4. | Demonstrate the procedures of finger sticks for glucose monitoring and urine testing. | 4. | Watch demonstration of procedures: finger stick for blood and monitoring of glucose level; urine testing. |
| 5. | Provide audio-visual aids on diabetic care. | 5. | Practice the finger stick and urine testing procedures. Be checked off when ready. |
| 6. | Provide materials from the American Diabetic Association or have speaker present to learners. | 6. | View audio-visual materials on diabetes and nursing care. |
| 7. | Provide grading criteria to learners on list of nursing assisting actions. | 7. | Attend presentation on diabetes by the American Diabetic Association. |
| 8. | Provide oral/written examinations based on enabling objectives. | | Complete oral/written examinations on enabling objectives. |

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.


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Evaluation Criteria

1. Learner exhibits professional-like behavior in demonstrating finger stick and urine testing procedures.
2. Learner develops a list of nursing assistant actions based on criteria provided by teacher.
3. Learner achieves 100% according to procedure checklists and at least 80% on oral/written examinations based on enabling objectives.

Unit 10: Variations in Nursing Care: Special Nursing Responses

Subunit D: Care of the Patient with Respiratory Disease

Enabling Objectives:

1. Review the respiratory system and its functions.
2. List five (5) common diseases or conditions of the respiratory system and their causes.
3. List five (5) symptoms/signs of respiratory distress which need to be reported/recorded.
4. Develop a list of nursing assistant actions for care of persons with respiratory diseases.
5. Identify safety measures which need to be taken when an individual requires oxygen therapy by tent, mask and cannula.

CAUTION: Only licensed nursing staff are to adjust the liter flow of oxygen.

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Vocabulary to Know

dyspnea
sputum
tracheostomy
alveolus (alveola)
nebulizer
trachea
carbon dioxide ($CO_2$)
mucous
apnea
postural drainage
orthopnea
oxygen
diaphragm

chronic obstructive pulmonary disease (COPD)
chronic obstructive lung disease (COLD)
intermittent positive pressure breathing (IPPB)

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments to help learners complete enabling objectives and to learn vocabulary. | 1. Complete reading and other assignments in order to complete enabling objectives. |
| 2. Invite respiratory therapist to present on respiratory diseases and treatment. | 2. Attend presentation by respiratory therapist in order to understand the diseases and treatment. |
| 3. Arrange for field trip to a respiratory therapy department to see equipment. | 3. Attend field trip to respiratory therapy department to increase understanding of the equipment used. |
| 4. Provide audio-visual aids to help learners understand the diseases, treatment and equipment. | |

| | | | |
|---|---|---|---|
| 5. | Provide guidelines for developing a list of nursing assistant actions. | 4. | Using guidelines develop a list of nursing assistant actions for a person with a respiratory disease. |
| 6. | Provide for review of safety measures with oxygen and other treatments. | 5. | Review safety measures when using oxygen. |
| 7. | Provide oral/written examinations on enabling objectives. | 6. | Complete oral/written examinations on enabling objectives. |

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.


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Evaluation Criteria

1. Learner completes a list of nursing assistant actions in the care of a person with respiratory disease according to the guidelines provided by the teacher. Learners will know in advance the grading criteria.
2. Learner achieves a minimum of 80% on the oral/written examinations based on the enabling objectives.

## Unit 10: Variations in Nursing Care: Special Nursing Responses

### Subunit E: Care of the Patient With Circulatory Disease

Enabling Objectives:

1. Review the circulatory system and its functions.
2. List and describe at least five (5) contributing causes of heart disease which have been identified as risk factors.
3. List five (5) causes of sudden death related to the circulatory system.
4. Review CPR.
5. Identify eight (8) signs and symptoms of a heart attack which should be reported immediately and recorded.
6. Demonstrate the application of antiembolic (TED) stockings.
7. Develop a list of nursing assistant actions for the care of a person with heart disease.

**********

Vocabulary to Know

| | | |
|---|---|---|
| myocardial infarct (MI) | cardiac arrest | arteriosclerotic heart disease (ASHD) |
| coronary occlusion | atherosclerosis | |
| triglycerides | arteriosclerosis | congestive heart failure (CHF) |
| pulmonary edema | obesity | angina |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments which assist learners to complete enabling objectives and to learn vocabulary. | 1. Complete assignments which help to complete enabling objectives. |
| 2. Provide for review of the circulatory system and relate to heart diseases/disorders, and risk factors. | 2. Review the circulatory system and study relationships to diseases/disorders. |
| 3. Provide for review of causes of sudden death: heart attack, stroke, electrocution, drowning, suffocation, poisoning, trauma, etc. | 3. Know the risk factors which contribute to heart disease. |
| 4. Provide for review of CPR. | 4. Review CPR procedures for all age groups. |
| | 5. Know the signs/symptoms of impending heart attack: what to report and record. |

5. Provide guidelines for developing a list of nursing actions for the nursing assistant in care of a person with heart disease.
6. Provide audio-visual aids which help learners understand the care needed for persons with heart disease.
7. Provide oral/written examinations based on enabling objectives.

6. Using guidelines provided, develop a list of nursing actions for the care of a person with heart disease.
7. View audio-visual aids.
8. Complete oral/written examinations based on enabling objectives.

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.


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Evaluation Criteria

1. Learners complete a list of nursing assistant actions in caring for a person with heart disease based on grading criteria provided by teacher.

2. Learners achieve at least 80% on the oral/written examinations based on enabling objectives.

Unit 10: Variations In Nursing Care: Special Nursing Responses

Subunit F: Individuals With Disorders of the Skeletal System

Enabling Objectives

1. Explain the principles and expected results of immobilization of body parts with skeletal disorders.

2. Identify common disorders of the skeletal system.

3. Name two (2) main ways immobilization is accomplished for orthopedic patients.

4. Using the skill checklist, demonstrate general care of a patient in a wet cast, in a dry cast.

5. Using the skill checklist, demonstrate general care of a patient in traction.

6. Identify the key points of observation to be made and reported in care of patients in casts, in care of patients in traction.

7. Using the skill checklist, demonstrate changing the linens of a person in traction or in a heavy body cast.

CAUTION: Nursing assistants may care for patients in casts and/or traction but can not move them or the equipment without permission and supervision of licensed nurses.

**********

Vocabulary To Know

| | | | |
|---|---|---|---|
| immobilize | balkan frame | fracture | stryker frame |
| muscle atrophy | physical therapy (PT) | compound fracture | pulley |
| trapeze | osteomyelitis | comminuted fracture | weights |
| hamilton rods | countertraction | colles fracture | orthopedic |
| circoelectric bed | | | |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments which will help learners complete enabling objectives and learn vocabulary. | 1. Complete assignments in order to complete enabling objectives. |
| 2. Provide learners with audio-visual aids which help them to understand the types of care given to orthopedic patients. | 2. View audio-visual aids provided to learn about general care procedures in orthopedic services. |
| | 3. Watch demonstration of care of a patient in a wet cast, dry cast. |

3. Demonstrate general care of the patient in a wet cast, dry cast using the checklist.
4. Demonstrate care of a patient in traction, using the checklist.
5. Demonstrate changing the linens of a patient in traction or in a heavy body cast using the checklist.
6. Emphasize point of observation, reporting and recording of patients in traction and in casts.
7. Emphasize use of proper body mechanics for learners and for patients with orthopedic problems.
8. Arrange for visit to orthopedic unit for learners to see use of equipment.
9. Provide oral/written examinations based on enabling objectives.

4. Using the skill checklist, practice care of patient in a wet cast, dry cast. Be checked off when ready.
5. Using skill checklists, practice care of a patient in traction and in changing linens. Be checked off when ready.
6. Know the key points of observation and what to report on patients in casts and in traction.
7. Use proper body mechanics for patients. Alignment is important.
8. Attend visit to orthopedic unit to learn about equipment and uses in patient care.
9. Complete oral/written examinations on enabling objectives.

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General References


Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

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Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.


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Evaluation Criteria

1. Learner exhibits concern for observation, reporting and recording of signs and symptoms that indicate problems for orthopedic patients when demonstrating procedures.

2. Learner achieves 100% on procedure checklists and a minimum of 80% on oral/written examination.

Unit 10: Variations in Nursing Care: Special Nursing Responses

Subunit G: Care of Patients who are Grieving, Dying and Deceased

Enabling Objectives:

1. Identify and describe the rights of dying patients.
2. Identify and describe personal feelings about dying and death using the worksheet. (See Appendix B).
3. Identify the five (5) stages of the grieving process and be able to describe each one.
4. Identify signs of impending death.
5. Describe a hospice program and the role a nursing assistant has as a member of the hospice team.
6. Using the skill checklist provided and a classmate as a simulated patient, demonstrate nursing responses to a dying patient and what should be observed, reported and recorded.
7. Using the guidelines given, describe the care of a deceased resident.
8. Using the guidelines given, develop a list of nursing assistant actions which can be used with family members of a dying/deceased patient.

**********

Vocabulary to Know

| | | |
|---|---|---|
| hospice | mottled skin | apnea |
| impending | Cheyne-Stokes | rigor mortis |
| bargaining | acceptance | hostility |
| denial | depression | |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide assignments which assist learners to complete enabling objectives. | 1. Complete assignments which help to complete the enabling objectives. |
| 2. Provide a worksheet for learners to respond to about their own feelings on death/dying. Have them discuss their answers. (Appendix B). | 2. Using the worksheet and the statements, express your feelings about dying and death. Share them with your classmates. |

3. Provide audio-visual aids which help learners to understand the grieving process, patient rights and nursing actions.
4. Using a checklist on nursing care of dying person, review the checklist with learners.
5. Check off learners when ready.
6. Arrange for speaker to talk to learners about working with family members of deceased patients. (i.e. Funeral Service Director).
7. Arrange for speaker from a hospice program to explain the concepts of care in hospice and how the nursing assistant can be part of the team.
8. Provide guidelines for helping grieving family members.
9. Provide guidelines for care of deceased patients.
10. Provide oral/written examinations based on enabling objectives.

3. View audio-visual aids that help you to understand the rights of dying patients and the nursing actions to meet needs.
4. Using the nursing care checklist, and a simulated patient, practice care of the dying patient. Be checked off when ready.
5. Attend presentations by speakers on working with family members and on hospice care.
6. Using guidelines given, develop a list of nursing actions that can be used with family members of dying/deceased patients.
7. Using guidelines given, be able to explain care given to deceased patients.
8. Complete oral/written examinations on enabling objectives.

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General References


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Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.


**********

Evaluation Criteria

1. Learner develops a list of nursing assistant actions for family members of dying/deceased patients based on the guidelines and grading criteria given.

2. Learner achieves 100% accuracy on the demonstration of care and at least 80% on the oral/written examinations based on enabling objectives.




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Unit 10: Variations in Nursing Care: Special Nursing Responses

Subunit H: Care of Patients with Problems Adjusting to Living

Enabling Objectives:

1. Identify 4 psychological reactions to illness based on needs discussed in assigned text. **(Core I)**

2. Identify 4 physiological reactions to illness based on needs discussed in assigned text. **(Core I)**

3. Be able to state reasons why some ill people show reactions of anger, aggressiveness/combativeness, sadness, withdrawal, prolonged depression (refusal to eat, talk, etc.), denial, acceptance, and mental confusion. **(Core I)**

4. List and describe 4 defense mechanisms people use to cope when unpleasant circumstances arise. (Consider how you cope with unpleasant events and with illness). (Core I)

5. Arrive at a definition of mental health.

6. Define mental illness and describe four (4) types.

7. List eight kinds of observations that need to be reported/recorded.

8. Identify and discuss five (5) appropriate behaviors for nursing assistants when caring for mentally disturbed people.

9. Select a mental illness or a problem of adjustment to living discussed in your assignments and develop a list of nursing assistant actions according to guidelines provided. Discuss list in class with classmates and teacher.

10. Define confusion, dementia and the confused state of patients.

11. List at least five (5) contributing causes of confusion.

12. Differentiate between confusion and senility.

13. Differentiate between acute reversible and chronic irreversible dementia giving causes of each.

14. Demonstrate reality orientation and behavior modification, using a skill checklist.

15. Describe Alzheimer's disease and the stages an afflicted person experiences and the problems family members experience.

16. Develop a list of nursing assistant actions for the confused patient and for family members, using the guidelines given.

17. Describe three (3) appropriate nursing responses for patients who become combative.

18. List five (5) kinds of observations that need to be reported/recorded.

19. Describe how a nursing assistant may provide for an environment to minimize the use of restraints.

**********

Vocabulary to Know

| | | |
|---|---|---|
| confusion | reversible | combative |
| senility | irreversible | reality orientation |
| organic | Alzheimer's Disease | dementia |
| abuse | psychology | psychosis |
| psychiatry | defense mechanisms | neurosis |
| maladjusted | coping | suicide |
| inappropriate | psychosomatic | restraints |
| functional brain syndrome | organic brain syndrome (OBS) | |
| passive/aggressive behavior | | |

**********

| Teacher Activities | Learner Activities |
|---|---|
| 1. Provide reading and study assignments to assist learners with questions in the enabling objectives. | 1. Read and study assignments and answer questions in enabling objectives. |
| 2. Provide vocabulary lists and assignment to assist learners to find word meanings. | 2. Know the words on the vocabulary list and their meanings. Be able to apply to the appropriate skills on checklists. |
| 3. Provide handouts for discussion. Form group to discuss handouts. Have learners reflect upon themselves first and then upon reactions of others. Include some observation time or observation assignment they can do with ill persons (family, friends, etc.). | 3. Form small groups to discuss reactions to illness and coping mechanisms (see handouts). |
| 4. Provide role play situations on ill person/healthworker approaches. | 4. Consider family members and their various reactions to illness; their coping mechanisms. |
| | 5. Participate in role play situations to better learn how to approach consumers who present unpleasant/difficult reactions. |

| | | | |
|---|---|---|---|
| 5. | Provide guest speaker from mental health to help learners understand the different types of mental illness and signs/symptoms, and treatments. | 6. | Attend presentation by guest speaker on mental illness to learn more about present-day treatment and nursing responses that are appropriate. |
| 6. | Provide discussion session for learners to help them look at their own anxiety producing situations. | 7. | Think about your own anxiety producing situations and how you can better control them or cope with them. |
| 7. | Provide audio-visual aids on mental health/mental illness/drug abuse. | 8. | Watch audio-visual aids provided on mental health/mental illness/drug abuse, etc. |
| 8. | Provide information sheets on vocabulary, mental illness categories and nursing responses which are appropriate and the observations to report/record. | 9. | Learn appropriate nursing responses, and observations to make based on presentations, aids viewed and information given. |
| 9. | Provide information on the acute and chronic causes of confusion and the appropriate nursing responses. | 10. | Study the information given on types of confusion and the conditions which cause it. |
| 10. | Provide a checklist on reality for learners to practice. Check them off when they are ready. | 11. | Using the checklist on reality orientation and a classmate as a simulated confused patient, practice reality orientation. Be checked off when ready. |
| 11. | Provide for role play situations of confused patients and nursing responses. | 12. | Participate in role play situations on confused patients and nursing responses in order to learn more about the frustrations encountered with confused people. |
| 12. | Demonstrate negative and positive nursing actions. | 13. | Study information on Alzheimer's. Attend presentation by guest speaker from Alzheimer's support group. |
| 13. | Provide information on Alzheimer's Disease; stages, causes, nursing actions, family caregiving problems. | 14. | Using the guidelines given, develop a list of nursing actions in care of the confused person. Include observations for reporting/recording. |
| 14. | A guest speaker from the Alzheimer's support group could be invited to present. | 15. | Know nursing responses for combative patients. |
| 15. | Provide guidelines for development of a list of nursing actions for the confused. Be sure to include what kinds of things need to be reported and recorded. Include grading criteria. | 16. | View audio-visual aids to help learn more about confused patients and the care needed. |
| 16. | Provide guidelines for nursing actions for combative patients. Include legal implications. | 17. | Complete oral/written examinations based on objectives. |
| 17. | Provide audio-visual aids for learners on confusion, reality orientation, Alzheimers and disruptive, combative patients. | | |

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General References

Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

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Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.

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Evaluation Criteria

1. Learner develops a list of nursing assistant actions which focus on a selected mental illness or problem of adjustment to living or on confusion based on guidelines and grading criteria given.
2. Learner achieves at least 80% on oral/written examinations based on enabling objectives.

## TEXTBOOKS RECOMMENDED FOR NURSING ASSISTANT CURRICULUM
Adapted for Postsecondary, Short-Term,
Vocational Education Programs and High School Programs

Castillo, H.M., The Nurse Assistant in Long-Term Care, Mosby, St. Louis, MO, 1992.

Hegner, B.R. & Caldwell, E. (6th ed.), Nursing Assistant, A Nursing Process Approach, Delmar, Albany, NY, 1992.

Schneidman, R., Lambert, S. & Wander, B., (6th ed.), Being A Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Simmers, L., Diversified Health Occupations, Delamar, U.S., 1988.

Sorrentino, S., (3rd ed.), Textbook for Nursing Assistants, Mosby, St. Louis, MO, 1992.

Will, C.A. & J.B. Eighmy, (3rd ed.), Being A Long-Term Care Nursing Assistant, Brady, Englewood Cliffs, NJ, 1991.

Witmer, D.M., Geriatric Nursing Assistant: Advanced Training in Selected Competencies, Brady, Englewood Cliffs, NJ, 1990.

**NOTE:** **Nursing Assistant, A Basic Study Guide by B. Robertson, First Class Books (1991) is a good review for students with poor reading skills. It is not a basic textbook for teaching this training program.**

## RESOURCES: ADDRESSES AND TELEPHONE NUMBERS

Media

American Red Cross
Office of Public Relations
Washington, DC 20006

- videos: *Fear of the Unknown, Story of Blood*

American Cancer Society
219 East 42nd Street
New York, NY 10017

- videos: *Breath of Air, Cracking the Code of Life, Sense in the Sun, The Human Cell and Cytotechnology*

American Educational Films
331 N. Maple Drive
Beverly Hills, CA 90210

- films, videos

American Health Care Association
1200 15th Street, N.W.
Washington, D.C. 20005
202-898-2837 (Rob Watson)

- Pro-Care: An interactive videodisc program for portions of the Nursing Assistant program.

Armstrong Medical Industries, Inc.
575 Knightsbridge Parkway
PO Box 700
Lincolnshire, IL 60069-0700
(708)913-0101

- Catalog of training aids, equipment, anatomical models, videos

Career Aids
20417 Nordhoff Street
Department AN3
Chatsworth, CA 91399

- videos, software, films

Concept Media
2493 DuBridges Avenue
Irvine, CA 92714

- videos and films

Coronet Instructional Films
65 East South Water Street
Chicago, IL 60601

- catalog of publications

Health EDCO
A Division of WRS Group, Inc.
PO Box 21207
Waco, TX 76702-9964
(800)433-2677

- Educational products including videos, films, posters, charts, books, posters

Idaho Dept. of Health and Welfare,
Film Library
450 W. State St.
Statehouse Mail
Boise, ID 83720
(208) 334-5928

- Health related films and videotapes

J. Weston Walch
Box 658
Portland, ME 04104

- catalog of films/videos

Learning Seed
330 Telser Road
Lake Zurich, IL 60047

- catalog of films/videos

Medcom, Inc.
Rt. 42 Box 301 B
Calhoun, KY 42327
1-800-962-6662 (Toll Free)

- Many nursing assistant videos

Medi-Sim, Inc.
660 S. 4th Street
PO Box 132267
Edwardsville, KS 66113
(913)441-2881

- Computer Assisted Instruction, catalog nursing, respiratory therapy, and allied health

Modem Talking Picture Service
5000 Park Street
St. Petersburg, FL 33709-9989

- catalog of videos/films

NASCO
901 Janesville Avenue
Ft. Atkinson, WI 53538
(414)563-2446

- Products and aids for teaching health care

National Audio-Visual Center
8700 Edgeworth Drive
Capitol Heights, MD 20743-3701

- Videos on emergency medicine and health

National Educational Media, Inc.
15760 Ventura Blvd.
Encino, CA 91436

- catalog of materials

NIMCO
National Innovative Medial Company
Route #2 PO Box 301B
Calhoun, KY 42327

- filmstrips, videos, software for allied health

Proctor and Gamble Educational Services
Proctor and Gamble Plaza
Cincinnati, OH 45202
(513)983-3152

- Care for the Incontinent (video)
- Helping the Nursing Assistant (video)

Pyramid Films
2841 Colorado Ave.
Santa Monica, CA 90406
(213) 828-7577

- Product related videos Central Service Inservice and other health related audiovisuals.

Queue, Inc.
526 Boston Avenue
Bridgeport, CT 06610
(800)232-2224

- catalog of videos/films

School Health Supply Company
P.O. Box 409
Addison, IL 60101

- Anatomical models and charts
- visual aids and videos

ETR Associates
Network Publications
PO Box 1830
Santa Cruz, CA 95060-1830
(800)321-4407

- Balancing Stress for Success Connecting Health, Communication, and Self-Esteem
- The Contemporary Health Series
- Understanding Depression and Suicide

F.A. Davis Company
1915 Arch Street
Philadelphia, PA 19103
(215)568-2270
(800)523-4049

- Taber's Cyclopedic Medical Dictionary

Glencoe Publishing Company
15319 Chatsworth Street
Mission Hills, CA 91345
(800)257-5758

- Basic Pharmacology for Health Occupations
- Eating Disorders: Managing Problems with Food
- Health: A Guide to Wellness Interpersonal Skills and Health Professional Issues
- The Caring Careers: From Nursing Assistant to Professional Nurse

Gregg/McGraw-Hill Book Company
1221 Avenue of Americas
New York, NY 10020

- Basic Sciences for Health Careers
- Emergency Medical Guide
- The Medical Assistant

Harper and Row Publishers
49 East 33rd
New York, NY 10003

- Principles of Anatomy and Physiology by G. Tortora and N. Anagnostakos

Human Science Press
233 Spring Street
New York, NY 10013-1578
(212)620-8000
(800)221-9369

- Handbook of Health Careers: A Guide to Employment Opportunities

Houghton Mifflin Company
Wayside Road
Burlington, MA 01803
(617)272-1500
(800)225-3362

- Modules of Basic Nursing Skills

J.B. Lippincott Company
East Washington Square
Philadelphia, PA 19105

- Care of the Older Adult
- Foundations of Patient Care
- Human Body in Health and Disease
- Mental Health and Mental Illness
- Simplified Nursing
- Structure and Function of the Human Body
- Terminology for the Health Professions
- The Human Body In Health and Disease

J. Weston Walch
Box 658
Portland , ME 04104
(800)341-6094

- Catalog of publications for health education

Center on Education and Training for Employment
The Ohio State University
1900 Kenny Road
Columbus, OH 43210
(614)486-3655

- Vocational Education Curriculum Education Materials database of all 50 states.

Northwestem Vocational Curriculum Coordination Center
St. Martin's College
Lacey, WA 98503
(206)438-4456

- 10-state regional library of vocational materials.

Vestal Labortories
5035 T Manchester Ave.
St. Louis, MO 63110

- Product related videos Central Service Inservice and other health related audiovisuals.

Publishers

Appleton and Lange
25 Van Zant Street
East Norwalk, CT 06855
(800)423-1359

- Introduction to Medical Terminology
- Human Diseases: A Systematic Approach
- Mathematics for Allied Health Professions
- Medical Terminology with Human Anatomy
- Patient Care Skills: Documentation, Vital Signs, Aseptic Techniques, Positioning, Range of Motion, Wheelchairs, Transfers, and Ambulation
- Phlebotomy Handbook

The Brady Company
Simon and Schuster
Prentice-Hall, Inc.
Higher Education Group
Englewood Cliffs, NJ 07632
(800)638-0220

- Basic Medical Terminology Concepts
- Basic Skills for the Long-Term Care Nurse Assistant
- Being a Health Unit Coordinator
- Being a Homemaker/Home Health Aide
- Being a Laboratory Assistant
- Being a Long-Term Care Nursing Assistant
- Being a Medical Clerical Worker
- Being a Nursing Assistant
  Being a Nursing Assistant-instructor Guide

The Brady Company
Simon and Schuster
Prentice-Hall, Inc.
Higher Education Group
Englewood Cliffs, NJ 07632
(800)638-0220

- Emergency Care
- Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health
- The Geriatric Nursing Assistant
- The Health Care Worker: An Introduction to Health Occupations
- The Health Unit Coordinator
- The Homemaker/Home Health A*Jde Pocket Guide
- Hospital Unit Secretary
- Laboratory Processes
- Medical Office Management
- Pharmacology for Medical Assistants
- Pocket Guide for Nursing Assistants
- School Health Handbook
- Standard First Aid and Personal Safety
- Training the Nursing Aide
- Workbook for the Health Care
- Worker Writing for the Allied Health Professional

Bull Publications
PO Box 208
Palo Alto, CA 94302
(415)322-2855

- Child of Mine by E. Satter
- How to Get Your Kid to Eat ... But Not Too Much by E. Satter

Churchill Publications
Subsidiary of Longman Holdings, Inc.
1560 Bmadway
New York, NY 10036
(212)819-5400
1-800-345-4366

- Gray's Anatomy revised, edited by P.L. Williams

Colwell Systems, Inc.
201 Kenyon Road
PO Box 4025
Champaign, IL 61824-4025

- Business Administration for the Dental Assistant
- Dental Appointment Forms Kit Legal, Ethical, and Management Aspects of the Dental Care System
- Managing Insurance Claims in the Dental Office
- Student Dental Bookkeeping Kit

Combined Nursing Publications, Inc.
Publishers, Printers, and Media Representatives
508 Washington
PO Box 999
Cedar Falls, IA 50613

- publications and career information

C.V. Mosby Company
11830 Westline Industrial Drive
St. Louis, MO 63146
(800)633-6699

- Anatomy and Physiology
- Basic EMT Skills and Equipment
- Basic Nutrition and Diet Therapy
- Basic Pharmacology for Nurses
- Being a Nursing Assistant
- Community Dental Health
- Diagnostic Microbiology
- Dictionary of Medical Abbreviations
- Dental Assisting Basic and Dental Science
- Essential Competencies for Patient Care
- Essentials of Clinical Dental Assisting
- Fundamentals of Medical Assisting
- Health Careers Today
- Health Occupations: Exploration and Career Planning
- The Homemaker/Home Health Aide
- The Human Skeleton
- Laboratory Mathematics, Medical and Biological Applications
- Learning Medical Terminology Media for Being a Nursing Assistant
- Mental Health Nursing: A Holistic Approach
- Mosby's Emergency Encyclopedia
- Mosby's First Responder
- Mosby's Medical and Nursing Dictionary
- Mosby's Text for Long-Term Care
- Assistants Mosby's Text for Nursing Assistants
- Nursing Drug Reference
- Office Procedures for the Dental Team
- Structure and Function of the Human Body
- Textbook of Anatomy and Physiology Textbook for Nursing Assistants

DCM Instructional Systems
PO Box 96
Westwood, MA 02090
(800)348-0025
(617)329-4300

- Basic Human Anatomy
- Dental Terminology
- The Human Skeleton
- Medical Terminology

Delmar Publishers
2 Computer Drive West
Box 15015
Albany, NY 12212-5015
(518)459-1150
(800)347-7707

- Basic Medical Laboratory Techniques
- Body Structures and Functions
- Death and Dying: Individuals and Institutions
- Depression in the Elderly Diversified Health Occupations
- Essentials of Pharmacology for Health Occupations
- Fingertip Reference for Dental Materials
- Fundamental Mathematics for Health Careers
- Geriatrics: A Study of Maturity
- Group Process for Health Professions
- Health Assistant
- Health Care Assistant
- Homemaker/Home Health Aide
- Human Anatomy/Physiology for the Health Sciences
- In Home Care
- Law, Liability, and Ethics for Medical Office Personnel
- Medical Acronyms and Abbreviations
- Medical Assisting: Clinical and Administrative Competencies
- Medical Shorthand
- Medical Terminology for Health Professions
- Medical Transcription with Advanced Terminology
- Microbiology for Health Careers
- Nursing Assistant: A Nursing Process Approach
- Nutrition and Diet Therapy
- Nutrition in Clinical Nursing by Idamarie La Quatra and Mary Jo Gerlach
- Patient Teaching and Communicating in an Information Age

Delmar Publishers
2 Computer Drive West
Box 15015
Albany, NY 12212-5015
(518)459-1150

- The Professional Medical Secretary-Receptionist
- Understanding Human Behavior
- Understanding Medical Insurance
- The US Health System: Origins and Functions

Doubleday and Company, Inc.
666 Fifth Avenue
New York, NY 10103 (212)765-6500

- Family Health and Home Nursing
- Standard First Aid and Personal Safety

Lea and Febiger
600 S. Washington Drive
Philadelphia, PA 19105

- Clinical Chemistry: Interpretations and Techniques
- Clinical Practice of Dental Hygienist
- Fundamentals of Dental Hygiene Instrumentation
- Handbook of Phlebotomy
- Hematology Principles and Procedures
- The Dental Assistant

Little, Brown and Company
200 West Street
Waftham, MA 02154
(800)343-9204

- Blood and Guts: A Working Guide to Your Own Insides by Linda Allison
- The Health Aide

Mathew Scott Publishers, Inc.
61 Oak Street
Big Rapids, MI 49307
(616)796-3030

- Nurse Aide Course and Study Guide

Mayfield Publishing
1240 Villa Street
Mountain View, CA 94041

- Core concepts in Health (text, study guide, and instructional resource guide)

Morton Publishing Company
925 W. Kenyon Avenue, Unit 4
Englewood, CO 80110

- Emergency Medicine

National Health Publishing
A Division of Williams and Wilkins
99 Painters Mill Road
Owings Mills, MD 21117
(301)363-6400
(800)446-2221

- Melloni's Illustrated Medical Dictionary
- The Long-Term Care Nursing Assistant Training Program
- Operational Policy and Procedure Manual for Long-Term Care Facilities

| | |
|---|---|
| Queue Inc.<br>526 Boston Avenue<br>Bridgeport, CT 06610<br>(800)232-2224 | • catalog of publications |
| Reston Publishing Company<br>Division of Prentice-Hall, Inc.<br>Englewood Cliffs, NJ 07632 | • Patient Care Skills: Positioning, Range of Motion, Transfers, Wheelchairs and Ambulation |
| Running Press<br>125 S. 22 Street<br>Philadelphia, PA 19103<br>1-800-428-1111 | • Gray's Anatomy Coloring Book |
| Simon and Schuster<br>Division of Paramount<br>1230 Avenue of Americas<br>New York, NY 10020<br>1-800-223-2348 | • Our Body, Our Selves Series |
| Patient Care | • Medical Economics Company, Inc.<br>680 Kinderkamack Road<br>Oradell, NJ 07649 |
| Prevention | • Rodale Press<br>33 East Minor Street<br>Emmanus, PA 18049 |
| Professional Medical Assistant | • American Association of Medical Assistants<br>20 North Wacker Drive, Suite 1575<br>Chicago, IL 60606<br>(312)899-1500 |
| Rural Health Care | • National Rural Health Association 301 East Armour Blvd, Suite 420 Kansas City, MO 64111 (816)756-3140 |
| Science News | • Science Service, Inc.<br>1719 North Street NW<br>Washington, DC 20004 |
| The American Nurse | • American Nurse Association<br>2420 Pershing Road<br>Kansas City, MO 64108<br>(816)474-5720 |

Special Books/Pamphlets

Ballinger Publishing Company
10 E. 53 Street
New York, NY 10022
(212)207-7611
(800)242-7737

- 120 Careers in the Health Care Field

Center for Disease Control
225 Eagle Street
Anchorage, AK 99501
(907)271-4011

- Information and resources

Hesperian Foundation
PO Box 1692
Palo Alto, CA 94302
(415)325-9017

- Helping Health Workers Learn by D. Werner and B. Bower

National Safety Council
444 North Michigan Avenue
Chicago, IL 60611

- Hospital Employee Safety (slides)
- Hospital Housekeeping (slides)
- How to Prevent Electrical Mishaps in the Hospital (slides)
- How to Prevent Falls In Hospitals (slides)
- Safety Guide for Health Care Instructions

March of Dimes
Check local chapter

(907)279-2622

- Free public education materials, filmstrips, videos

Teachers College Press
Columbia University
1234 Amsterdam Avenue
New York, NY 10027
(212)678-3929
(800)356-0409

- Establishing Patient Relationships Microbiology
- Self Care I and II

Technicourse
PO Box 3916
Long Beach, CA 90803
(714)892-0059

- Life Sciences for Nursing and Health Technologies by Virginia Thomas

W.B. Saunders Company
West Washington Square
Philadelphia, PA 19105

- American Illustrated Medical Dictionary
- Caring for Older Adults
- The Health Professions
- Laboratory Immunology and Serology
  Customer Service

Wiley and Sons
605 Third Avenue
New York, NY 10158-0012
(201)469-4400

- Customer Service

# APPENDIX A: CHECKLISTS FOR DEMONSTRATIONS

Learner's Name

Date

UNIT 2
Checklist for Communication Verbal and Non-Verbal (Core I)

| | | Yes | No |
|---|---|---|---|
| 1. | Listens carefully for feelings as well as words. | ___ | ___ |
| 2. | Uses eye contact during the conversation. | ___ | ___ |
| 3. | Shows sensitivity to feelings. | ___ | ___ |
| 4. | Tone of voice is appropriate. | ___ | ___ |
| 5. | Verbal and non-verbal responses are appropriate in choice of words and gestures. | ___ | ___ |
| 6. | Uses silence when appropriate. | ___ | ___ |
| 7. | Gives time for respondent to answer. | ___ | ___ |
| 8. | Clarifies what the message is. | ___ | ___ |
| 9. | Repeats important words or ideas of respondent. | ___ | ___ |
| 10. | Uses open-ended sentences, avoiding Yes and No answers. | ___ | ___ |
| 11. | Uses touch and other non-verbal techniques when appropriate. | ___ | ___ |
| 12. | Avoids judgments or value statements. | ___ | ___ |
| 13. | Summarizes, using respondent's words to help clarify the message. | ___ | ___ |

Comments:

Satisfactory Demonstration: ___ ___

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 2
Checklist for Charting

| | | Yes | No |
|---|---|---|---|
| **Summary Charting:** | | | |
| 1. | Records specific needs/problems. | — | — |
| 2. | Records specific observations. | — | — |
| 3. | Records nursing actions taken. | — | — |
| 4. | Records patient's responses to actions taken. | — | — |
| 5. | Writing is clear and legible. | — | — |
| 6. | Events are in proper sequence. | — | — |
| 7. | Writing is concise. | — | — |
| 8. | Words and abbreviations are correctly used. | — | — |
| 9. | Words and abbreviations are spelled correctly. | — | — |
| 10. | Charting is signed according to facility policy. | — | — |
| **Hourly Charting:** | | | |
| 1. | Records specific needs/problems. | — | — |
| 2. | Records specific observations. | — | — |
| 3. | Records nursing actions taken. | — | — |
| 4. | Records patient's responses to actions taken. | — | — |
| 5. | Charts time for each entry. | — | — |
| 6. | Signs each entry according to the facility policy. | — | — |
| 7. | Events are in proper sequence. | — | — |
| 8. | Writing is concise. | — | — |
| 9. | Words and abbreviations are correctly used. | — | — |
| 10. | Words and abbreviations are spelled correctly. | — | — |
| **S.O.A.P. Charting:** | | | |
| 1. | Records problem number. | — | — |
| 2. | Records subjective observations as patient states them. | — | — |
| 3. | Records objective observations as they were observed. | — | — |
| 4. | Records assessment of what is observed. | — | — |
| 5. | Records the plan of action to deal with the problems. | — | — |
| 6. | Writing is concise. | — | — |
| 7. | Words and abbreviations are correctly used. | — | — |
| 8. | Words and abbreviations are spelled correctly. | — | — |
| 9. | Writing is clear and legible. | — | — |
| 10. | Charting is signed according to facility policy. | — | — |
| Comments: | | | |
| | Satisfactory demonstration: | — | — |

Student Signature

96

Evaluator's Signature

Learner's Name

Date

Unit 2
Checklist For Answering the Telephone at the Healthcare Facility

| | | Yes | No |
|---|---|---|---|
| 1. | Use friendly voice with a "smile." | — | — |
| 2. | Identify self and institution with "May I help you?" | — | — |
| 3. | Use moderate tone; avoid high, screeching voice. | — | — |
| 4. | Answer telephone promptly (by second ring). | — | — |
| 5. | Hold receiver about 1 inch from lips. | — | — |
| 6. | Take complete message: name, telephone number, message summary, date, time, action taken, initials form. | — | — |
| 7. | Use discretion if person called is busy. | — | — |
| 8. | Promptly return to caller if caller placed on "Hold." | — | — |
| 9. | Follow policy if caller is irate or angry. | — | — |
| 10. | Complete call by saying "Thank you for calling." | — | — |
| | Satisfactory demonstration: | — | — |

Student Signature

Evaluator's Signature

Learner's Name

Date

Unit 2
Checklist For Answering the Call Signal

| | | Yes | No |
|---|---|---|---|
| 1. | Identify call signal and patient calling. | — | — |
| 2. | Go to patient immediately and greet patient in a friendly manner; identify self and offer assistance. (How can I help you?) | — | — |
| 3. | Respond to patient's request/need if within scope of practice or say request will be reported to supervisor. | — | — |
| 4. | Use emergency signal or summon help immediately in case of emergency. | — | — |
| 5. | Place call signal within reach; be sure patient is comfortable. | — | — |
| 6. | Follow-up to be sure patient's needs are met. | — | — |
| 7. | Observe, request, record as appropriate. | — | — |
| | Satisfactory demonstration: | — | — |

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 3
Checklist for Body Mechanics
(Core I)

| | | Yes | No |
|---|---|---|---|
| 1. | Demonstrate a broad base of support. | ___ | ___ |
| 2. | Demonstrate bending from hips and knees. | ___ | ___ |
| 3. | Demonstrate moving close to object/person in order to assist it/them in movement. | ___ | ___ |
| 4. | Demonstrate using strongest muscles in lifting object/person. | ___ | ___ |
| 5. | Demonstrate carrying heavy objects close to body. | ___ | ___ |
| 6. | Demonstrate pivoting and turning in direction of moving (no twisting). | ___ | ___ |
| 7. | Demonstrate keeping back straight on bending/ lifting/transferring. | ___ | ___ |

Comments:

Satisfactory demonstration: ___ ___

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 3
Checklist for Handwashing Techniques
(Core I)

Equipment:

Soap
Brush
Paper towels
Warm water

| | | Yes | No |
|---|---|---|---|
| 1. | Turn on water and adjust the temperature. | — | — |
| 2. | Wet hands with fingertips pointed downward. | — | — |
| 3. | Apply soap to hand and wrists (using enough to produce a lather). | — | — |
| 4. | Rub hands in a circular motion, washing fingers by interlacing back and forth between each other (add water when necessary to keep moist). | — | — |
| 5. | Use a nail brush if necessary. If none is available, rub fingernails on palms of hands. | — | — |
| 6. | Rinse hands from the wrist to the fingers with fingertips pointed downward. | — | — |
| 7. | Dry hands with a paper towel. | — | — |
| 8. | Turn off faucet with a dry paper towel (the faucet is always considered dirty). | — | — |
| 9. | Throw the paper towel into the wastebasket. | — | — |
| 10. | Leave area clean and neat. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

Unit 3
Checklist for Donning and Removing Gloves

| | | Yes | No |
|---|---|---|---|
| 1. | Put on clean gloves. (If wearing gown, be sure cuff of gloves overlaps cuff of gown.) | — | — |
| 2. | When removing gloves, use preferred hand to pull off opposite glove *without* touching inside of opposite gloves. Discard glove. | — | — |
| 3. | Remove second glove by reaching inside the glove with ungloved hand and pull glove off. Discard glove. | — | — |
| 4. | Wash hands. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

• Place linen in laundry bag inside isolation unit
• Seal bag
• Place sealed bag inside another bag outside the isolation unit
The double bag technique should be applied when removing specimens, linen, trash and other contaminated articles from the isolation room.

DOUBLE BAG TECHNIQUE

PROPER GLOVE REMOVAL

Learner's Name

Date

Unit 3
Checklist for Donning and Removing Masks

**Donning**

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands. | — | — |
| 2. | Pick up clean mask and unfold if necessary. | — | — |
| 3. | Place mask over nose and mouth. | — | — |
| 4. | Tie top and then lower strings behind head. | — | — |

**Removing**

| | | | |
|---|---|---|---|
| 1. | If wearing gloves, remove gloves first and then wash hands. (See checklist for gloving.) | — | — |
| 2. | Untie strings of mask in back of head. | — | — |
| 3. | Remove mask by holding strings and discard. | — | — |

NOTE: If wearing gown, gown can be removed first, wash hands, and then proceed with mask.

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

Unit 3

Checklist for Donning and Removing an Isolation Gown

**Donning**

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands, roll up sleeves if wearing any sleeves. | — | — |
| 2. | Unfold gown so that opening is at the back. | — | — |
| 3. | Put arms into sleeves of gown and pull up over hands. | — | — |
| 4. | Tighten gown close around the neck and around uniform, making sure that uniform is covered completely. | — | — |
| 5. | Tie neck tie or fasten appropriately. (*Note:* Neck band and ties are always considered clean.) | — | — |
| 6. | Grasp ties on front and bring to back. | — | — |
| 7. | Grasp edges of back and pull together, making sure they cover uniform. | — | — |
| 8. | Tie waist ties. (*Note:* Waist ties are contaminated after being in unit.) | — | — |

**Removing**

| | | | |
|---|---|---|---|
| 1. | Untie the waist ties. | — | — |
| 2. | If not wearing gloves: | | |
| | a. Wash hands and dry with paper towel. | — | — |
| | b. Turn off faucet with dry paper towel. | — | — |
| 3. | If wearing gloves, remove and discard in trash container in room. | — | — |
| 4. | Wash hands using dry paper towel to dry hands. | — | — |
| | Use dry paper towel to turn off faucet. | — | — |
| 5. | Untie ties at the neck and reach inside neck band with both hands, pulling gown from inside away from you. Roll gown into a ball, inside out, as you take gown off. | — | — |
| 6. | Dispose of paper gowns in trash, linen gowns in hamper. | — | — |
| 7. | Remove mask. (*Note:* Ties on mask are always considered clean.) Dispose accordingly, depending on whether mask is disposable or linen. | — | — |
| 8. | Wash hands using a dry paper towel to turn off faucet and a different dry paper towel to dry hands. | — | — |

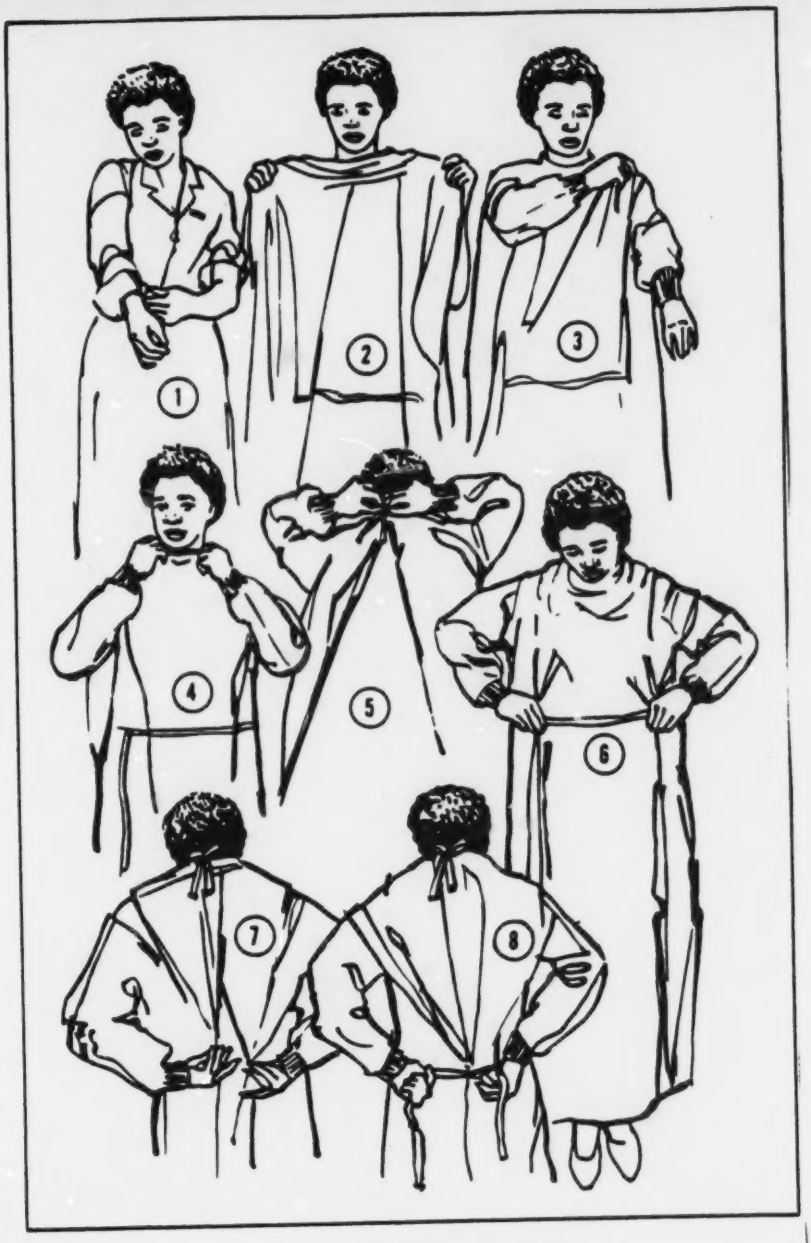
| | | | |
|---|---|---|---|
| 9. | Open door with paper towel. Dispose of towel in unit before leaving. | — | — |
| 10. | Wash hands. | — | — |

Comments:

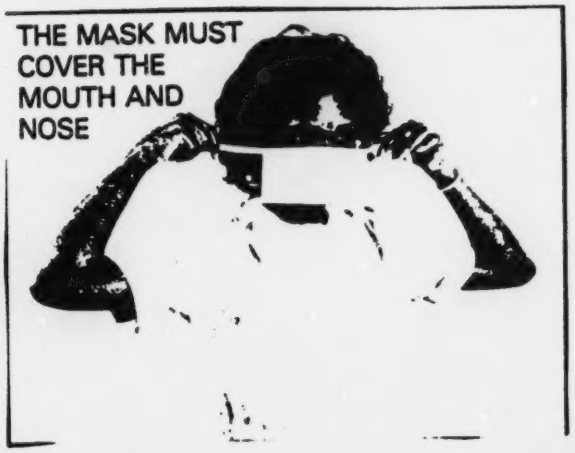
Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature




Gowning procedure.




*Donning an Isolation Gown*

_____
Learner's Name

_____
Date

Unit 3
Checklist for Apply Restraints

Equipment:
A variety of restraints -
Limb, Vest or Jacket,
Pelvic Restraints, etc.
Recommended - Posey videotape on Application of Restraints: "Being Right-The Posey Way" and practice of quick release tie shown in diagrams at the end of this procedure.

| | | Yes | No |
|---|---|---|---|
| 1. | Obtain authorization from your immediate supervisor for the application of limb restraint. Note: Know the Federal guidelines for application and removal of restraints. | — | — |
| 2. | Assemble your equipment: a) adjustable restraints. | — | — |
| 3. | Wash your hands. | — | — |
| 4. | Identify the patient by checking the identification bracelet. | — | — |
| 5. | Ask visitors to step out of the room, if this is your facility's policy. | — | — |
| 6. | Tell the resident and the significant other that you are going to apply a restraint. Explain the procedure even if the resident is irrational or confused. | — | — |
| 7. | Pull the curtains around the bed for privacy. | — | — |
| 8. | Raise the bed to a comfortable working position. | — | — |
| 9. | Lock the wheels on the bed. | — | — |
| 10. | Place the soft edge of the restraint against the resident's body. Wrap the restraint smoothly around the body part. Make sure that no wrinkles are present. | — | — |
| 11. | Pull both ends of the straps through the tab or ring depending on restraint. Then pull the restraint, secure but not too tight, against the resident's body. *Caution!* If applied too tightly, the restraint could stop circulation or cause a pressure sore to form. | — | — |
| 12. | Test for fit and comfort by inserting two fingers between the restraint and the patient's skin. | — | — |

| | | Yes | No |
|---|---|---|---|
| 13. | Position the person's arm/leg/body in a comfortable position. Limit movement only as much as necessary. | — | — |
| 14. | Secure the straps to the bedframe or wheelchair frame with a quick release tie, bring the strap around the frame and then bring the strap up, over, and through the loop that has been made by the frame. **Caution: Never tie the restraint to bedrails or any movable part.** | — | — |
| 15. | Recheck the resident before leaving the room. Make sure the resident is secure but not too tight. | — | — |
| 16. | Observe all checkpoints before leaving the resident. Position the resident in correct alignment. | — | — |
| 17. | Make the resident as comfortable as possible; offer adequate liquids to drink. | — | — |
| 18. | Lower the bed to a position of safety for the resident. | — | — |
| 19. | Pull the curtains back to the open position. | — | — |
| 20. | Raise the side rails where ordered, indicated, and appropriate for resident safety. | — | — |
| 21. | Place the call light within easy reach of the patient. | — | — |
| 22. | Wash your hands. | — | — |
| 23. | Recheck the resident every 30 (thirty) minutes. Check color and temperature of skin. Remove the restraint every two hours. Exercise the resident. Offer toilet and adequate liquids, make the bed and change the resident clothing as needed, give extra skin care to the skin that is under the restraint. | — | — |
| 24. | Report to your immediate supervisor:<br>-That you have applied the restraint.<br>-The time it was applied.<br>-The number of times when you rechecked the resident, including time of each recheck. | — | — |

NOTE: The restraint is removed when authorized by your immediate supervisor, when the danger of self-injury has passed or when restraints are no longer needed to help resident maintain proper alignment in a wheelchair.

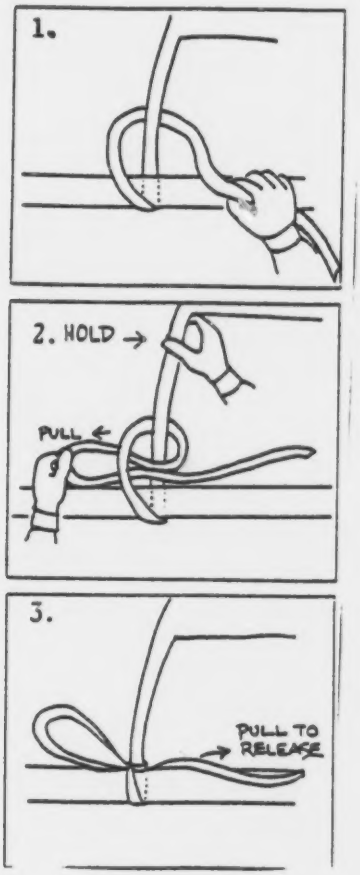
Comments:

Satisfactory Demonstration: — —

_____ _____

Student Signature Evaluator's Signature

# QUICK RELEASE TIE




Source: Being A Nursing Assistant by Schniedman, Lambert, & Wander. Publ. by Brady, 1991. Modified by Linda Vail, R.N., of Sunny Ridge Retirement and Health Services Center, Nampa, Idaho; and Dorthy Witmer, Ed.D., R.N.C., Supervisor of Health Occupations Education, Boise, Idaho. Diagram by Chris Latter, State Division of Vocational Education.

Learner's Name

Date

Unit 4

Checklist for Preparing the Room for Newly Admitted Patient

Equipment:

Patient pack (containing bath basin, pitcher, cup, mouthwash, and other personal care items)
Admission checklist
Urine specimen container
Sphygmomanometer
Stethoscope
Gown or pajamas

| | | Yes | No |
|---|---|---|---|
| 1. | Verify with the nurse which room and bed should be prepared and if the patient will be arriving by wheelchair or stretcher. | — | — |
| 2. | Wash your hands. | — | — |
| 3. | Open the bed. | — | — |
| 4. | Lower the bed if the patient will be ambulatory or arriving in a wheelchair. Make sure the bed is in the horizontal position and elevated if the patient is to be arriving on a stretcher. | — | — |
| 5. | Attach the signal light to the bed linens. | — | — |
| 6. | Place the sphygmomanometer, stethoscope, and admission checklist on the overbed table. | — | — |
| 7. | Place the gown or pajamas on the bed. | — | — |
| 8. | Place the patient pack and specimen container on the beside stand or overbed table. | — | — |
| 9. | Make sure a bedpan, emesis basin, and urinal (if a male patient is being admitted) are in the bedside stand. Obtain any missing equipment. Wash your hands. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

Unit 4

Checklist for Admitting a Patient

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Prepare the patient's room (see Procedure for Preparing the Patient's Room). | — | — |
| 3. | Greet the patient by name and ask the individual if there is a particular name he or she wishes to be called. | — | — |
| 4. | Introduce yourself to the patient and any relatives or friends who may be present. Explain that you are a nursing assistant who will be assisting the staff nurses in providing care. | — | — |
| 5. | Introduce the patient to the roommate if applicable. | — | — |
| 6. | Summon a nurse immediately if the patient complains of any sever pain or appears to be in distress. | — | — |
| 7. | Proceed with the admission procedure if the patient's condition does not present an immediate or serious problem. | — | — |
| 8. | Provide privacy by pulling the curtain around the patient's bed and by closing the door. | — | — |
| 9. | Ask the patient to change into a gown or pajamas. | — | — |
| | Provide assistance if indicated. | — | — |
| 10. | Make sure the patient is positioned comfortably in bed or in the bedside chair as directed by the nurse. | — | — |
| 11. | Hang the patient's clothes in the closet, & place personal articles in the bedside stand & dresser drawers. | — | — |
| 12. | Complete the admission checklist. (Check on policy of facility). | — | — |
| 13. | Complete a clothing and valuables list. | — | — |
| 14. | Explain to the patient any activity limitations that may have been ordered. | — | — |
| 15. | Explain that a urine specimen is needed and how it is obtained. Assist the patient to the bathroom or onto the bedpan as appropriate. | — | — |
| 16. | Take the collected specimen to the nurse's desk and then clean the equipment. | — | — |
| 17. | Orient the patient to the new environment: | | |
| | a. Tell the patient the name of the head nurse and the primary nurse or team leader. | — | — |
| | b. Identify the equipment in the bedside stand and explain the purpose of each. | — | — |
| | c. Show the patient how the call system is used. | — | — |

| | Yes | No |
|---|---|---|
| 17. (Continued) | | |
| d. Demonstrate how the bed and television controls are operated. | — | — |
| e. Explain how outside telephone calls are made and make sure the telephone is within reach. | — | — |
| f. Explain visiting hours and policies. | — | — |
| g. Explain the location of the nurse's station lounge, dining room, gift shop, and other important areas. | — | — |
| h. Identify services that are available. | — | — |
| 18. Fill the water pitcher if the patient is able to have oral fluids. | — | — |
| 19. Make sure the signal light and other controls and equipment are within reach of the patient as appropriate. | — | — |
| 20. Make sure the bed is in the lowest horizontal position and the side rails are up. Unscreen the patient. | — | — |
| 21. Clean any used equipment and dispose of used disposable equipment. | — | — |
| 22. Take the urine specimen to the laboratory with the laboratory requisition slip. Wash your hands. | — | — |
| 23. Provide a denture container labeled with the patient's name and room number if one is needed. | — | — |
| 24. Report your observations to the nurse. (If patient seems emotionally disturbed, report immediately!) | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

Unit 4
Checklist for Discharging a Patient

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands. | — | — |
| 2. | Identify the patient and explain the procedure. | | |
| 3. | Provide privacy. | — | — |
| 4. | Help the patient to dress and assist with packing his/her personal belongings. | — | — |
| 5. | Follow facility policy on patients signing off valuables and belongings. | — | — |
| 6. | Inform charge nurse patient is ready. | — | — |
| 7. | Charge nurse will do the following:<br>a. give prescriptions.<br>b. provide discharge instructions.<br>c. secure any valuables from safe. | | |
| 8. | Obtain wheelchair & cart for belongings if needed. | — | — |
| 9. | Assist patient into wheelchair following procedure. | — | — |
| 10. | Obtain discharge slip and take patient and belongings to discharge area. | — | — |
| ii. | Lock the wheels of the wheelchair. | — | — |
| 12. | Assist the patient out of the wheelchair and into the car. Help put the patient's belongings into the car. | — | — |
| 13. | Return the wheelchair and utility cart to the storage area. | — | — |
| 14. | Wash your hands. | — | — |
| 15. | Report and record time and method of discharge. | — | — |
| 16. | Clean room according to facility policy. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

113

Learner's Name

Date

Unit 4

Checklist for Measuring Height and Weight

Equipment:

Portable scale in balance
Paper towels
Paper, pen

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands. | — | — |
| 2. | Identify patient and explain procedure. | — | — |
| 3. | Provide privacy. | — | — |
| 4. | Place paper towel on scale platform. | — | — |
| 5. | Raise height measurement rod. | | |
| 6. | Assist patient to remove robe and slippers. | — | — |
| 7. | Assist patient to stand on scale with arms at sides. | — | — |
| 8. | Move the weights to patient's approximate weight and then balance for accuracy. | — | — |
| 9. | Record weight on paper with patient's name. | — | — |
| 10. | Have patient stand straight and bring measuring rod to rest on patient's head. Record height on paper. | — | — |
| 11. | Assist patient to dress in robe and slippers. | — | — |
| 12. | Assist patient to return to bed. Assure safety and comfort. | — | — |
| 13. | Discard paper towels; return equipment to designated area. | — | — |
| 14. | Wash hands. | — | — |
| 15. | Report and record height and weight and any observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT A
Checklist for Giving and Removing a Bedpan

Equipment:

Bedpan, bedpan cover
Toilet tissue
Basin, soap, wash cloth
Towel
Disposable gloves

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands. | — | — |
| 2. | Identify patient and explain the procedure. | — | — |
| 3. | Provide privacy. Raise the bed to working level. | — | — |
| 4. | Lower head of bed if tolerated by patient. | — | — |
| 5. | Use correct body mechanics. | — | — |
| 6. | Warm bedpan if metal & cold to the touch. (Allow warm water to run over bedpan & dry quickly. | — | — |
| 7. | Lower the bed rail on side you are working. | — | — |
| 8. | Fold back top bedcovers at right angle. Move patient's gown out of way. Do not expose the patient. | — | — |
| 9. | Explain to patient to bend knees and to push into mattress with feet in order to raise hips when count of three is given. | — | — |
| 10. | On the count of three, slide one hand under lower back of patient and slide bedpan under patient with other hand as patient raises hips. | — | — |
| 11. | Adjust bedpan under patient. (Larger round end under hips). | — | — |
| 12. | If the patient is too weak to get on bedpan, the patient can be rolled away from you and the bedpan can be placed at the patient's buttocks. The patient can then be rolled back into proper position for use of the bedpan. | — | — |
| | NOTE: If patient is too heavy, get help in turning. | — | — |
| | A smaller bedpan (fracture bedpan) can be used. | — | — |
| 13. | Replace the top covers. Raise the head of the bed to a sitting position. | — | — |
| 14. | Place the call signal, and toilet tissue within reach. | — | — |

| | | Yes | No |
|---|---|---|---|
| 15. | Raise the side rail, informing patient to signal when done. | — | — |
| 16. | Answer the call signal immediately. | — | — |
| 17. | Lower side rail. Lower head of bed. Turn back top covers. | — | — |
| 18. | Put on disposable gloves. | — | — |
| 19. | On count of three, have patient flex knees and raise hips as you support the lower back with one hand and carefully remove the bedpan with the other hand. | — | — |
| 20. | Place bedpan on the chair & cover it with bedpan cover. | — | — |
| 21. | Assist the patient to clean the genital areas as necessary with toilet tissue. Put the tissue in the bedpan. | — | — |
| | NOTE: If a specimen is needed or output is measured, drop soiled tissue into disposable paper bag or other cleanable container. | — | — |
| 22. | Provide basin with warm water, soap, wash cloth side rail up and call signal and personal articles within reach. | — | — |
| 23. | Take bedpan to patient's bathroom or utility room for measurement or specimen collection as necessary. Save a specimen if unusual. | — | — |
| 24. | Empty bedpan; clean thoroughly; return to bedside table. Remove gloves and discard. | — | — |
| 25. | Wash hands. | — | — |
| 26. | Report and record observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT A
Checklist for Giving and Removing a Urinal

Equipment:
Urinal, urinal cover
Basin, soap, washcloth, towel
Disposable gloves

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands. | — | — |
| 2. | Identify patient. Explain procedure. | — | — |
| 3. | Provide privacy. Lower side rail on working side. | — | — |
| 4. | Assist patient as necessary with top covers and placement of urinal. Do not over expose patient. | — | — |
| 5. | Place toilet tissue and signal within reach and inform patient to signal when finished. | — | — |
| 6. | Raise side rail and leave patient alone. | — | — |
| 7. | Answer the signal immediately. Put on disposable gloves. Assist patient with removal of urinal as necessary. Place urinal on the chair. | — | — |
| 8. | Provide basin with warm water, soap, washcloth and towel for patient to wash hands. | — | — |
| 9. | Take urinal to utility room. Measure and collect specimen as necessary. Observe contents and save specimen if unusual. | — | — |
| 10. | Clean urinal and return to patient's bedside. Remove gloves and discard. | — | — |
| 11. | Provide for patient comfort and safety. Place personal articles and signal within reach. Leave side rails up. | — | — |
| 12. | Unscreen patient. Clean equipment and restore. | — | — |
| 13. | Wash hands thoroughly. | — | — |
| 14. | Report and record observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

## UNIT 5: SUBUNIT B

### Checklist for Oral Hygiene for the Unconscious Patient

Equipment:

Mouth care tray with: cleaning solution, toothbrush, cup, tongue blades, gauze squares, tape
Emesis basin, face towel,
Lubricant, disposable gloves

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands. | — | — |
| 2. | Provide privacy. | — | — |
| 3. | Explain the procedure even though patient cannot respond. | — | — |
| 4. | Position the patient in a side-lying position. | — | — |
| 5. | Raise bed to working height. | — | — |
| 6. | Place face towel under patient's face. | — | — |
| 7. | Place emesis basin near mouth. | — | — |
| 8. | Fold gauze squares around tongue blades and tape at the bottom. Put on disposable gloves. | — | — |
| 9. | Dip tongue blades in cleaning solution, eliminate excess liquid. | — | — |
| 10. | Clean mouth and teeth until clean, change swabs as needed. | — | — |
| 11. | Use toothbrush for cleaning teeth if possible. (Follow checklist for procedure). | — | — |
| 12. | Apply lubricant to tongue, mucous membranes, and lips. | — | — |
| 13. | Wipe face and mouth as needed with face towel. Remove gloves and discard. | — | — |
| 14. | Clean up equipment and restore it. | — | — |
| 15. | Position patient in a comfortable position. | — | — |
| 16. | Return bed to lowest position or follow facility policy. | — | — |
| 17. | Report and record procedure and observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT B
Checklist for Brushing Teeth

Equipment:
Soft toothbrush
Toothpaste
Mouthwash
Cup
Emesis basin
Face towel, water
Disposable gloves (if contact with mucous membrane will occur)

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands. | — | — |
| 2. | Provide privacy. Explain procedure. | — | — |
| 3. | Position patient in sitting position. | — | — |
| 4. | Raise bed to working height. | — | — |
| 5. | Instruct or assist patient with the following: | | |
| | a. Apply water to the toothbrush. (Use gloves as needed.) | — | — |
| | b. Hold toothbrush against teeth along gumline at 45 degree angle and brush all surfaces. | — | — |
| 6. | Provide mouthwash and water for rinsing into emesis basin. | — | — |
| 7. | Use face towel to dry patient's mouth. | — | — |
| 8. | Remove articles after making patient comfortable. Remove gloves if used. | — | — |
| 9. | Return bed to lowest position. Raise bed rails if required. | — | — |
| 10. | Wash hands. | — | — |
| 11. | Report and chart procedures and observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT B
Checklist for Flossing Teeth

Equipment:

Dental floss (unwaxed)
Face towels
Emesis basin
Cup, water
Disposable gloves (if contact with mucous membrane occurs)

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands. | — | — |
| 2. | Explain procedure to patient. | — | — |
| 3. | Provide privacy. | — | — |
| 4. | Position patient in sitting position. | — | — |
| 5. | Elevate bed to working height. | — | — |
| 6. | Place towel under patient's chin. | — | — |
| 7. | Instruct or assist patient to do the following: | | |
| | a. Use dental floss about 18 inches long. (Use gloves as needed.) | — | — |
| | b. Wrap dental floss around middle fingers of both hands. | — | — |
| | c. Hold floss taut and work up and down between teeth (do not force). | — | — |
| | d. Have patient rinse with water into emesis basin when all teeth have been flossed. | — | — |
| | e. Wipe patient's mouth with face towel. | — | — |
| 8. | Brush teeth using checklist for procedure. | — | — |
| 9. | Clean and store equipment. (Remove gloves if used.) | — | — |
| 10. | Return patient to comfortable position. | — | — |
| 11. | Return bed to lowest position. | | |
| 12. | Report and chart procedures and observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

## UNIT 5: SUBUNIT B
### Checklist for Cleaning Dentures

Equipment:

Tissues
Emesis basin
Denture cup container
Denture toothbrush
Denture cleansing agent
Face towel
Water, cup

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands. | — | — |
| 2. | Explain procedure to patient. | — | — |
| 3. | Provide privacy. | — | — |
| 4. | Position patient in upright sitting position. | — | — |
| 5. | Raise bed to working height. | — | — |
| 6. | Place face towel under patient's chin. | — | — |
| 7. | Using tissue, assist with removing dentures. | — | — |
| | Remove upper dentures first. | — | — |
| 8. | Place dentures in container. (Or emesis basin lined with paper towel or tissues). | — | — |
| 9. | Fill sink one-third to one-half of lukewarm to cool water. Place washcloth in bottom of sink. | — | — |
| 10. | Brush dentures thoroughly on all surfaces using toothbrush and cleaning agent. | — | — |
| 11. | Rinse dentures under lukewarm/cool running water. | — | — |
| 12. | Assist patient in cleaning mouth and tongue before replacing dentures, top dentures first. | — | — |
| 13. | Store dentures in denture cup when not in use. | — | — |
| | Cup has patient's name and room/bed number on it and denture solution in it. | — | — |
| 14. | Assist patient to comfortable position. Return bed to lowest position. | — | — |
| 15. | Clean up equipment. | — | — |
| 16. | Report and record procedure and observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT C

Checklist for Shampooing the Patient's Hair

Equipment:

Two bath towels
Face towel or washcloth folded lengthwise
Shampoo, hair conditioner if requested, bath thermometer
Pitcher or hand-held nozzle, comb and brush, hair dryer
Equipment for the shampoo in bed: trough, basin or pail, bath blanket, waterproof bed protector

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands. | — | — |
| 2. | Explain to the patient what you are going to do. | — | — |
| 3. | Arrange the equipment in a convenient location. | — | — |
| 4. | Have patient move close to edge of bed in flat position. | — | — |
| 5. | Remove pillow and place waterproof bed protector under the patient and then place trough under patient's head. Be sure bed protector is long enough to go inside the pail to catch water from trough. | — | — |
| 6. | Protect the patient's shoulders with a bath towel. | — | — |
| 7. | Brush and comb the patient's hair thoroughly to remove snarls and tangles. | — | — |
| 8. | Obtain water; water temperature should be maintained at approximately 105 degrees F. (41 degrees C.). | — | — |
| 9. | Ask the patient to hold the face towel or washcloth over the eyes. | — | — |
| 10. | Apply water to the hair until it is completely wet using the pitcher or nozzle. | — | — |
| 11. | Apply a small amount of shampoo. | — | — |
| 12. | Work up a lather with both hands, start at hair-line and work toward the back of the head. | — | — |
| 13. | Massage the scalp by applying pressure with your fingertips. | — | — |
| 14. | Rinse the hair with water. | — | — |
| 15. | Repeat steps 11 through 14. | — | — |
| 16. | Rinse the hair thoroughly. | — | — |
| 17. | Apply conditioner and rinse as directed on the container. | — | — |
| 18. | Wipe the patient's head with a bath towel. | — | — |

| | | Yes | No |
|---|---|---|---|
| 19. | Dry the patient's face with the towel or washcloth used to protect the eyes. | — | — |
| 20. | Rub the patient's hair and scalp with the towel. Use the second towel if the first towel becomes excessively wet. | — | — |
| 21. | Comb the hair to remove snarls and tangles. A female patient may want the hair curled or rolled up. | — | — |
| 22. | Dry the hair as quickly as possible. | — | — |
| 23. | Help the patient assume a comfortable position. | — | — |
| 24. | Make sure the signal light is within the patient's reach. | — | — |
| 25. | Clean and return equipment to proper place. Discard any disposable equipment. Place soiled linen in the hamper in the "dirty" utility room or designated area. | — | — |
| 26. | Wash your hands. | — | — |
| 27. | Report and record observations and procedure. | — | — |

Comment:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

## UNIT 5: SUBUNIT C
### Checklist for Brushing and Combing the Patient's Hair

Equipment:

Comb and brush
Bath towel
Other toilet articles as requested by the patient

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands. | — | — |
| 2. | Identify the patient. | — | — |
| 3. | Explain to the patient what you are going to do. | — | — |
| 4. | Arrange the equipment on the bedside stand. | — | — |
| 5. | Provide privacy. | — | — |
| 6. | Lower the side rail. | — | — |
| 7. | Help the patient to the chair or to a sitting position in bed if possible. Be sure the patient has on robe and slippers if the patient is to be up. | — | — |
| 8. | Place a towel across the patient's shoulders and one across the pillow if the patient is in bed. | — | — |
| 9. | Ask the patient to remove eyeglasses if they are worn. Put glasses in the glass case and then inside the bedside stand. | — | — |
| 10. | Part the hair and divide it into two main sections and then divide one side into two sections. | — | — |
| 11. | Brush the hair by starting at the scalp and brushing toward the hair ends. | — | — |
| 12. | Style the hair as preferred by the patient. | — | — |
| 13. | Remove the towel. | — | — |
| 14. | Allow the patient to put the eyeglasses on again. | — | — |
| 15. | Assist the patient to assume a comfortable position. | — | — |
| 16. | Raise the side rail. | — | — |
| 17. | Make sure the signal light is within the patient's reach. | — | — |
| 18. | Unscreen the patient. | — | — |

| | | Yes | No |
|---|---|---|---|
| 19. | Clean and return equipment to its proper place and place soiled linen in the linen hamper in the "dirty" utility room or designated area. | ___ | ___ |
| 20. | Wash your hands. | ___ | ___ |
| 21. | Report and record observations and procedure. | ___ | ___ |

Comments:

Satisfactory Demonstration: ___ ___

Student Signature

Evaluator's Signature

Learner's Name

Date

## UNIT 5: SUBUNIT C
## Checklist for Nail Care (Hands and Feet)

Equipment: Bath basin and emesis basin with water filled to one-third, orange wood sticks, nail brush, nail clip, emery board, lotion

NOTE: Always check to be sure you are permitted to do nail care on the resident. The best time to do nail care is during the patient's bath time. Procedure can be adjusted depending on type of bath procedure.

| | | Yes | No |
|---|---|---|---|
| 1. | Explain procedure. | — | — |
| 2. | Wash hands. | — | — |
| 3. | Provide privacy, be sure patient is covered or dressed. | — | — |
| 4. | Assist patient to sitting position. | — | — |
| 5. | Place one towel on floor and basin of water on towel. | — | — |
| 6. | Place patient's feet in basin to soak 15 minutes. | — | — |
| 7. | Place second towel on a supporting table. | — | — |
| 8. | Place emesis basin on table over towel. | — | — |
| 9. | Place patient's fingers in basin to soak 15 minutes. After 15 minutes, remove basin. | — | — |
| 10. | Clean under finger nails with orange wood stick, push cuticles back toward fingers. | — | — |
| 11. | Clip finger nails straight across nails, then file until smooth, no jagged edges. | — | — |
| 12. | Dry hands thoroughly, apply lotion. | — | — |
| 13. | Wash patient's feet, using brush or washcloth. | — | — |
| 14. | Remove basin from feet, trim nails in a rounded fashion; file until edges are smooth. | — | — |
| 15. | Dry feet thoroughly; apply lotion. | — | — |
| 16. | Observe and record any irritations of hands and feet. | — | — |
| 17. | Clean equipment and store properly. | — | — |
| 18. | Wash hands. | — | — |
| Comments: | | | |
| Satisfactory Demonstration: | | — | — |

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT D
Checklist for Giving a Backrub

Equipment:

Lotion, powder
bath towel, washcloth
soap and water (105 degrees F or 41 degrees C)

NOTE: Reddened areas of skin should not be rubbed. Rubbing increases further damage.

| | | Yes | No |
|---|---|---|---|
| 1. | Check on authorization to give the patient a backrub. Some patients may not tolerate it. | — | — |
| 2. | Wash hands. | — | — |
| 3. | Explain procedure. | — | — |
| 4. | Provide privacy. | — | — |
| 5. | Elevate the bed to a working level. Lower the side rail on the side where you are working. | — | — |
| 6. | Position the patient. The patient may lie on the abdomen (prone). If this is not comfortable, turn the patient on his/her side, facing away from you. | — | — |
| 7. | Place a bath towel lengthwise next to the patient's body. | — | — |
| 8. | Wash the back thoroughly. Rinse and dry. NOTE: If the patient has had a bed bath, this step is not necessary as the back has already been washed. observe any abnormal condition of the skin. Note any red area, rash, sores or cuts. Pay particular attention to bony parts. | — | — |
| 9. | Rub a small amount of lotion into your hands. | — | — |
| 10. | Begin at the base of the spine. Rub <u>up</u> the center of the back of the back to the neck, around the shoulders, and sides of the back. Rub <u>down</u> over the buttocks, around and circle back to starting point. Use long soothing strokes. Use firm pressure on the upward stroke and gentle pressure on the downward strokes. Repeat this step four times. <u>Caution</u>: Long nails may scratch the patient. File your nails short. | — | — |
| 11. | Repeat the long upward strokes but on the downward strokes use a circular motion. Pay particular attention to bony prominences. Repeat this motion four times. | — | — |

| | | Yes | No |
|---|---|---|---|
| 12. | Repeat the long upward strokes but on the downward strokes use very small circular motions; use the palm of your hand and apply firm pressure. Pay particular attention to the bony prominences. Do this motion one time. | — | — |
| 13. | Repeat the long soothing strokes used initially. | — | — |
| 14. | End the back rub with up-and-down motions over the entire back. This provides relaxation after stimulation. | — | — |
| 15. | Dry the back thoroughly with the towel. | — | — |
| 16. | Straighten the bed linen. Change the patient's gown if necessary. | — | — |
| 17. | Position the patient in good alignment. | — | — |
| 18. | Observe all checkpoints before leaving the patient; elevate side rails, lower bed to lowest level; place call signal, water and tissues within reach of patient. | — | — |
| 19. | Clean and replace all equipment used. Leave the area neat and clean. Wash hands. | — | — |
| 20. | Report any abnormal observations immediately. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT D

Checklist for Giving Perineal Care (For Females and Males)

Equipment:

soap dish with soap, wash basin
bath towel, bath blanket/sheet
three to ten disposable washcloths or a small package of cotton balls
bath thermometer, waterproof pad
clean disposable gloves, paper towels
disposable bag

| | | Yes | No |
|---|---|---|---|
| 1. | Explain to the patient what you are going to do. | — | — |
| 2. | Wash your hands. | — | — |
| 3. | Arrange the equipment on the overbed table. | — | — |
| 4. | Identify the patient. | — | — |
| 5. | Pull the curtain around the patient's bed to provide privacy. | — | — |
| 6. | Raise the bed to its highest horizontal level or to a level where you can use good body mechanics. | — | — |
| 7. | Lower the side rail on the side you are working on. | — | — |
| 8. | Cover the patient with a bath blanket/sheet. Move top linens to the foot of the bed. | — | — |
| 9. | Position the patient on his/her back. | — | — |
| 10. | Position the waterproof pad under the buttocks. | — | — |
| 11. | Drape the patient: (Drape sheet/blanket in a diamond shape). | — | — |
| | a. Position the bath blanket with one corner between the patient's legs, a corner on each side of the bed, and a corner at the neck. | — | — |
| | b. Wrap the bath blanket around the patient's far leg by bringing the corner around the leg and tucking it under the hip. | — | — |
| | c. Drape the near leg in the same manner. | — | — |
| 12. | Raise the side rail. | — | — |
| 13. | Fill the wash basin with water. Water temperature should be approximately 105 degrees to 109.4 F (43 degrees C) | — | — |

| | | Yes | No |
|---|---|---|---|
| 14. | Place the wash basin on the overbed table on top of the paper towels. | — | — |
| 15. | Put the disposable washcloths in the wash basin. | — | — |
| 16. | Lower the side rail. | — | — |
| 17. | Help the patient flex his/her knees and spread legs. | — | — |
| 18. | Put on disposable gloves. | — | — |
| 19. | Fold the corner of the bath blanket between the patient's legs onto his/her abdomen. | — | — |
| 20. | Squeeze excess water from disposable washcloth and apply some soap. | — | — |
| 21. | For Females:<br>Separate the labia and clean downward from front to back with one stroke. Discard the washcloth into the disposable bag. Repeat till clean. Pat area dry.<br>For Males:<br>Retract the foreskin and clean surface with circular motion. Clean the penis with long strokes. Rinse all areas well. Return foreskin to natural position. Clean the scrotum, rinse well. Pat all areas dry. Discard the washcloth into disposable bag. | — | — |
| 22. | Clean and rinse perineum. Pat dry. | — | — |
| 23. | Fold center of blanket between legs. | — | — |
| 24. | Help patient to lower his/her legs and turn side away from you. | — | — |
| 25. | Squeeze excess water from a washcloth and apply soap. | — | — |
| 26. | Clean the rectal area by cleaning from the front to the anus with one stroke. Discard the washcloth. | — | — |
| 27. | Repeat until the area is clean. | — | — |
| 28. | Rinse the rectal area with a disposable washcloth. Squeeze excess water from the washcloth, stroke from the front to the anus, and discard the washcloth. Repeat the step as necessary. | — | — |
| 29. | Pat the area dry with towels. | — | — |
| 30. | Remove the disposable gloves and discard into the bag. | — | — |
| 31. | Position the patient so that he/she is comfortable. | — | — |

| | | Yes | No |
|---|---|---|---|
| 32. | Return the linens to their proper position and remove the bath blanket. | — | — |
| 33. | Raise the side rail and make sure the signal light is within reach of the patient. | — | — |
| 34. | Lower the bed to its lowest horizontal position. | — | — |
| 35. | Empty and clean the wash basin. | — | — |
| 36. | Return the wash basin and other supplies to their proper place. | — | — |
| 37. | Wipe off the overbed table with the paper towels and then discard them. | — | — |
| 38. | Unscreen the patient. | — | — |
| 39. | Take the soiled linens and the disposable bag to the "dirty" utility room or designated area. | — | — |
| 40. | Wash you hands. | — | — |
| 41. | Report your observations to the nurse | | |
| | a. Any odors. | — | — |
| | b. Redness, swelling, discharge, or irritation. | — | — |
| | c. Patient complaints of pain, burning, or other discomfort. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT D
Checklist for Incontinent Care

Equipment:

Three to ten disposable washcloths, soap and soapdish, washcloth, bath towels, bath blanket/sheet, clean disposable gloves, disposable bag, linen hamper, lotion, powder, clean linen as needed, patient gown as needed

| | | Yes | No |
|---|---|---|---|
| 1. | Identify patient. Assess the extent of incontinency. | — | — |
| 2. | Explain procedure to patient. | — | — |
| 3. | Wash hands. | — | — |
| 4. | Provide privacy. Raise bed to working level. | — | — |
| 5. | Lower side rail closest to you. | — | — |
| 6. | Cover patient with bath blanket/sheet. | — | — |
| 7. | Put on disposable gloves. Remove soiled top linens, leaving bath blanket/sheet in place. | — | — |
| 8. | Remove patient's gown, maintaining privacy of body parts. | — | — |
| 9. | Fill wash basin with water of 105 degrees to 109 degrees F (41 degrees to 43 degrees C). | — | — |
| 10. | Lift bath blanket and place bath towel over body area to be washed. | — | — |
| 11. | Using disposable washcloth, soap and water, wash body areas thoroughly; rinse and dry, working from cleanest area to dirty area. | — | — |
| 12. | Repeat bathing procedure for perineal area, wiping from front to back. | — | — |
| 13. | Turn patient to his/her side away from you. | — | — |
| | NOTE: Be sure side rail is up on far side. | — | — |
| 14. | Place bath towel along back of patient, and complete perineal care. | — | — |
| 15. | Complete back rub. Remove gloves and discard. | — | — |
| 16. | Place clean gown on patient. | — | — |
| 17. | Make occupied bed. Raise side rails. | — | — |
| 18. | Position patient in good alignment. | — | — |
| 19. | Place call button within reach of the patient. | — | — |
| 20. | Lower bed to lowest position. | — | — |
| 21. | Clean up equipment and place soiled linen in hamper, disposables in disposable bag. | — | — |

| | | Yes | No |
|---|---|---|---|
| 22. | Leave area neat and clean. | — | — |
| 23. | Wash hands thoroughly. | — | — |
| 24. | Report and record any breaks in skin, perineal area, or skin rashes immediately. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT D
Checklist for Artificial Eye Care

Equipment:

Eyecup 1/2-filled with water (if no eyecup is available, use clean denture cup)
Gauze 4x4
Small basin of lukewarm water
4 cotton balls
Special cleansing solution (if ordered by M.D.)

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Explain procedure to patient. | — | — |
| 3. | Assist patient in lying in bed. | — | — |
| 4. | Ask patient to close eyes. Use cotton balls and warm water to clean any drainage from eyelid. Clean from inner canthus (nose) to outside of eye. | — | — |
| 5. | Remove artificial eye (have patient do, if possible) | | |
| | a. Depress lower eyelid with thumb. | — | — |
| | b. Lift upper lid gently with forefinger. | — | — |
| | c. Slide eye out and down into your hand. | — | — |
| 6. | Place eye in cup on 4x4 gauze. Let soak. | — | — |
| 7. | Clean eye socket. Use cotton balls and warm water to wash off external matter. Clean from inner canthus to outside of eye. | — | — |
| 8. | Wash artificial eye. | — | — |
| | a. Close sink drain & fill 1/2-full with water. | — | — |
| | b. Holding eye in hand over sink, wash with running lukewarm water. (Use solution, if ordered). | — | — |
| | c. Place eye in gauze and rub gently. | — | — |
| 9. | Rinse eye in lukewarm water. Discard water from eyecup and place slightly moistened eye on dry gauze in eyecup. | — | — |
| 10. | Wash hands before inserting eye. | — | — |

| | | Yes | No |
|---|---|---|---|
| 11. | Insert eye (have patient do, if able). | — | — |
| | a. Have notched edge toward nose. | — | — |
| | b. Raise upper lid with forefinger. | — | — |
| | c. Place eye under upper lid; depress lower lid; eye should settle in place. | — | — |
| 12. | Make patient comfortable. Return bed to proper position. | — | — |
| 13. | Clean-up equipment. | — | — |
| 14. | Wash your hands. | — | — |
| 15. | Report and record procedure and observations. | — | — |

Comments:

Satisfactory Demonstration: — —

_____ _____

Student Signature Evaluator's Signature

Learner's Name

Date

## UNIT 5: SUBUNIT D
### Checklist for Application and Removal of Artificial Limbs

Equipment:
Patient's artificial limb.

| | | Yes | No |
|---|---|---|---|
| 1. | Identify patient's artificial limb. | — | — |
| 2. | Check limb for condition and proper fit. | — | — |
| 3. | Explain the procedure to the patient. | — | — |
| 4. | Seek assistance with correct application if necessary. | — | — |
| 5. | Seek patient's assistance in placing limb correctly. | — | — |
| 6. | Adjust straps according to patient's comfort. | — | — |
| 7. | Assist patient with removal of limb. | — | — |
| 8. | Check skin for irritations; report as necessary. | — | — |
| 9. | Observe and report patient's tolerance and reactions to using limb. | — | — |
| 10. | Store limb in safe place. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT D
Checklist For Care of breast Prothesis

Equipment: Basin with warm water and mild soap, towel, cradle for storing prothesis

| | | Yes | No |
|---|---|---|---|
| 1. | Take off rings/bracelets. Wash hands. | — | — |
| 2. | Put breast prothesis in basin of warm water and mild soap; wash gently. | — | — |
| 3. | Rinse prothesis in clear water. DO NOT WRING OUT WATER. | — | — |
| 4. | Place prothesis on towel; pat dry gently. | — | — |
| 5. | Store prothesis on cradle (Special container or use similar container) | — | — |
| 6. | Advise patient to avoid any sharp broaches or pins. These should be put on clothing before dressing. | — | — |
| 7. | Advise patient to keep away from pets' claws/teeth when wearing prothesis. | — | — |
| 8. | Clean and dispose of equipment. Wash hands. | — | — |

Note: Patients who are capable should care for their own prothesis.

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

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Learner's Name

Date

UNIT 5: SUBUNIT D
General Checklist For Care of Hearing Aids

Equipment: Hearing aid (Battery box with amplifier and ear mold), basin, soap, water, towel small brush and batteries for aid.

NOTE: Hearing aids are different; check the manufacturer's directions or a local hearing aid agency for specific directions.

| | | Yes | No |
|---|---|---|---|
| 1. | Check on specific directions for cleaning parts of the hearing aid (Call manufacturer or local hearing aid agency). | — | — |
| 2. | These are directions for hearing devices that include a battery box with amplifier and on/off switch that fits behind the ear and an ear piece (mold) that fits in the ear. | — | — |
| 3. | Wipe batteries to remove moisture before installing. | — | — |
| 4. | Assist patient with placement of mold in his/her ear and battery box behind ear. (Ear mold attaches to battery box. Opening on ear mold must be facing into ear canal.) | — | — |
| 5. | Check with patient to be sure aid is working and is comfortable. | — | — |
| 6. | Avoid exposure of aid to high temperatures and cleaning solvents. | — | — |
| 7. | Remove aid before using hair spray. | — | — |
| 8. | Avoid dropping aid (may cause damage). Always clean hearing aid over a surface to prevent dropping it. | — | — |
| 9. | Do not lubricate aid. | — | — |
| 10. | Report faulty hearing aid immediately. | — | — |
| 11. | Turn battery off when not in use. (Switch is on battery box.) | — | — |
| 12. | Store hearing aid in safe, dry place; out of reach of pets, children. | — | — |
| 13. | Record patient's tolerance/reaction to use of aid. | — | — |

Note: 1. Ear wax accumulation may cause difficulty with hearing aid. Both ear mold and ear may need cleaning. Ear mold is washed with soap and water, dried thoroughly and opening cleared with a small brush to remove wax. Report ear wax accumulation in patient's ear to charge nurse.
2. Use techniques for communication with hearing impaired that are found in the appendix for this unit of instruction.
3. Patients who are capable should care for own hearing aid.

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

## UNIT 5: SUBUNIT E
### Checklist for a Complete Bed Bath

Equipment:

Bath blanket, bath basin, soap and soap dish, washcloth, 2 towels, gown, lotion, powder, equipment for oral hygiene, equipment for nail care, brush and comb, laundry bag or hamper

| | | Yes | No |
|---|---|---|---|
| 1. | Assemble equipment. | ___ | ___ |
| 2. | Identify patient and explain procedure. | ___ | ___ |
| 3. | Provide privacy. | ___ | ___ |
| 4. | Offer bedpan or urinal. | ___ | ___ |
| 5. | Wash your hands. | ___ | ___ |
| 6. | Give oral hygiene. | ___ | ___ |
| 7. | Lower back rest and side rails; raise bed. | ___ | ___ |
| 8. | Loosen top bedding and remove spread; remove pillow; replace top bedding with bath blanket; fold linen to be reused and place on back of chair. | ___ | ___ |
| 9. | Remove patient's gown or pajamas. | ___ | ___ |
| 10. | Fill bathing basin 3/4 full of water - 110 degrees F. | ___ | ___ |
| 11. | Have patient move to side of bed toward nurse; place towel across the upper edge of bath blanket. | ___ | ___ |
| 12. | Fold washcloth around hand to form a mitten. | ___ | ___ |
| 13. | Wash eyes with cloth (do not use soapy cloth) and dry. Wash from inner canthus out. | ___ | ___ |
| 14. | Wash face, neck, & ears; rinse & dry with face towel. | ___ | ___ |
| 15. | Expose only one arm at a time; place bath towel under arm, wash forearm and arm with soapy washcloth, rinse and dry; give special care to axilla; repeat procedure on other arm. | ___ | ___ |
| 16. | Have patient place hands in bath basin and wash and dry well; clean and file nails if necessary. | ___ | ___ |
| 17. | Place bath towel across chest; fold bath blanket to waist. Wash chest and breasts under towel, rinse, and dry well. | ___ | ___ |
| 18. | Turn bath towel lengthwise to cover chest and abdomen. Fold blanket to pubic area, wash, rinse, and dry abdomen; replace bath towel with bath blanket. | ___ | ___ |

| | | Yes | No |
|---|---|---|---|
| 19. | Drape patient with bath blanket, exposing leg and thigh; place towel under leg; wash thigh and leg; rinse; and dry. | — | — |
| 20. | Place basin on towel and place foot in basin; wash well between toes, and dry thoroughly; repeat procedure on other leg, thigh, and foot. | — | — |
| 21. | Change water. | — | — |
| 22. | Turn patient on side or abdomen; fold blanket so that back and buttocks are exposed. Place bath towel on bed along patient's back, bathe, rinse, and dry back; bathe, rinse, and dry buttocks. | — | — |
| 23. | Massage back with lotion; give special care to reddened areas over bony prominences; report reddened areas or pressure areas to charge nurse. | — | — |
| 24. | Instruct patient to complete bath; have patient wash external genitalia or assist as necessary. | — | — |
| 25. | Assist patient in dressing, grooming. | — | — |
| 26. | Empty bath basin, clean, and return all bath equipment to bedside stand; attach signal cord and place bedside stand within reach of patient. | — | — |
| | Lower bed to lowest position. | — | — |
| 27. | Report observations to charge nurse. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT E
Checklist for Tub Bath

Equipment:

Washcloth, 2 towels,, dish with soap, non-skid bath mat (suction type) clean gown, robe, slippers, bath thermometer, talcum powder, chair and stool

| | | Yes | No |
|---|---|---|---|
| 1. | Assemble equipment. | — | — |
| 2. | Place bath mat (non-skid) in tub. | — | — |
| 3. | Fill tub about 1/3 full; adjust temperature to 105 degrees F. | — | — |
| 4. | Escort patient to bathroom; help patient undress, if necessary. | — | — |
| 5. | Demonstrate safe method of getting in and out of tub. | — | — |
| 6. | Wash back and/or give bath as indicated. | — | — |
| 7. | Allow water to run out; assist patient out of tub. | — | — |
| 8. | Dry skin by brisk use of towel or use firm patting motion if patient's skin is dehydrated, loose, and dry. | — | — |
| 9. | Help patient into fresh, dry clothing. | — | — |
| 10. | Return patient to unit; help into clean bed. | — | — |
| 11. | Tidy bathroom; place towels, washcloths, and bath mat in hamper or designated area. | — | — |
| 12. | Clean tub and ventilate room. | — | — |
| 13. | Report procedure and observations to charge nurse. | — | — |

Comment:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

## UNIT 5: SUBUNIT E
### Checklist for Assisting with a Shower

Equipment:

Washcloth, 2 bathtowels, soap, shower cap, gown or pajamas, deodorant or antiperspirant, other toilet articles as requested by the patient

| | | Yes | No |
|---|---|---|---|
| 1. | Identify the patient. Check to be sure patient can have a shower. | ___ | ___ |
| 2. | Explain procedure. | ___ | ___ |
| 3. | Wash your hands. | ___ | ___ |
| 4. | Be sure shower is clean. | ___ | ___ |
| 5. | Escort patient to shower with equipment. Arrange equipment conveniently. (Use wheelchair if necessary). | ___ | ___ |
| 6. | Place safety mat on floor of shower. | ___ | ___ |
| 7. | Assist patient to adjust the water temperature. | ___ | ___ |
| 8. | Assist patient to undress if necessary. | ___ | ___ |
| 9. | Assist patient with shower if necessary. | ___ | ___ |
| 10. | If patient is left alone, be sure he/she knows how to signal for help. | ___ | ___ |
| 11. | Check patient frequently if left alone. Knock before entering. | ___ | ___ |
| 12. | Assist patient to dry as necessary. | ___ | ___ |
| 13. | Assist patient with dressing as necessary. | ___ | ___ |
| 14. | Escort patient back to his/her room. | ___ | ___ |
| 15. | Provide back rub, mouth care, hair/nail care as necessary. | ___ | ___ |
| 16. | Provide comfort for patient, in bed or in chair. | ___ | ___ |
| 17. | Clean shower area of dirty linen, clean shower area. | ___ | ___ |
| 18. | Wash your hands. | ___ | ___ |
| 19. | Report and record procedure and observations. | ___ | ___ |

Comments:

Satisfactory Demonstration: ___ ___

Student Signature

Evaluator's Signature

Learner's Name

Date

## UNIT 5: SUBUNIT F
### Checklist for Shaving a Male Patient

Equipment:

Wash basin, bath towel, face towel, washcloth, bath thermometer, safety razor, mirror, shaving cream or soap, shaving brush, aftershave lotion, tissue, paper towels, disposable gloves

| | | Yes | No |
|---|---|---|---|
| 1. | Identify patient. Explain procedure. | — | — |
| 2. | Wash your hands. | — | — |
| 3. | Arrange equipment on overbed table. | — | — |
| 4. | Provide privacy. | — | — |
| 5. | Raise bed to working level. | — | — |
| 6. | Fill the wash basin with water, the temperature of the water should be approximately 115 F (460 C). | — | — |
| 7. | Place the wash basin on the overbed table on top of the paper towels. | — | — |
| 8. | Lower the side rail. | — | — |
| 9. | Position the patient in a semi-sitting position if allowed or on his back. | — | — |
| 10. | Adjust the lighting so that you have a good view of the patient's face. | — | — |
| 11. | Place the bath towel over the chest. | — | — |
| 12. | Position the overbed table so that it is within easy reach and at a comfortable working height. | — | — |
| 13. | Wash the patient's face. Do not dry. | — | — |
| 14. | Place a washcloth or face towel in the wash basin and wet it thoroughly. Wring out the washcloth or towel. | — | — |
| 15. | Apply the washcloth or towel to the patient's face for 3 to 5 minutes to soften the beard. Remove the washcloth or towel after 3 to 5 minutes. | — | — |
| 16. | Apply shaving cream to the face with your hands, or apply generous amount of lather to the face with the shaving brush. | — | — |
| 17. | Tighten the razor blade to the razor. Hold the skin taut with your other hand. Shave in the direction of hair growth. Use longer strokes on larger area of the face and short strokes around the chin and lips. | — | — |

| | | Yes | No |
|---|---|---|---|
| 18. | Rinse the razor frequently and wipe with the tissue. | — | — |
| 19. | Put on disposable gloves and apply direct pressure to any bleeding area. Wash off any remaining shaving cream or soap. Dry with the towel. Remove and discard gloves when bleeding under control. | — | — |
| 20. | Apply aftershave lotion if requested by the patient. | — | — |
| 21. | Move the overbed table to the side of the bed. | — | — |
| 22. | Make sure patient is in a comfortable position. | — | — |
| 23. | Make sure the signal light is within the patient's reach. | — | — |
| 24. | Raise the side rail. | — | — |
| 25. | Lower the bed to its lowest horizontal position. | — | — |
| 26. | Clean and return equipment and supplies to their proper place. Discard disposable supplies. | — | — |
| 27. | Wipe off the overbed table with the paper towels and position the table as appropriate for the patient. Discard the paper towels. | — | — |
| 28. | Unscreen the patient. | — | — |
| 29. | Place soiled linen in the linen hamper in the "dirty" utility room or designated area. | — | — |
| 30. | Wash your hands. | — | — |
| 31. | Report any nicks or bleeding to the nurse. | — | — |

Comments:

Satisfactory Demonstration: — —

_____ _____

Student Signature Evaluator's Signature

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Learner's Name

Date

UNIT 5: SUBUNIT G
Checklist for Dressing and Undressing a Patient
with Limited Use of Limbs

Equipment:
Selected clothing or hospital gown or pajamas
(Check plan of care for proper clothing)

| Dressing | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Explain procedure. | — | — |
| 3. | Assist in selection of clothing or provide facility clothing (gown, pajamas, robe). | — | — |
| 4. | Provide privacy. | — | — |
| 5. | For an individual who needs total assistance, it is best to have him/her lie in bed in supine position. | — | — |
| 6. | Turn back top covers, untie gown to remove, or remove bed clothing by pulling over arms, one arm at a time, and over head as necessary. Place gown over patient as a cover. | — | — |
| 7. | If patient has affected side, remove from good side first. | — | — |
| 8. | If patient has affected side, begin to dress on affected side first. Apply underclothing as desired. | — | — |
| 9. | Apply outer clothing using the following steps: Explain to patient as you progress. | — | — |
| | a. Undo all buttons, snaps, zippers or any other fasteners on clothing. | — | — |
| | b. Apply slacks/pants by gathering the pant leg of the farthest leg, grasp farthest leg at ankle and pull pant leg over your hand. Repeat for nearest leg. Then pull pants up as high as possible. Have patient lift buttocks or roll patient to one side and pull pants up to the waist. Fasten appropriately. | — | — |
| | c. When applying a top that opens down the front, gather up sleeve. Grasp patient's weak arm at the wrist, and slide sleeve over arm. Tuck remainder of top under patient so patient rolls toward you. Have patient roll away from you and pull top garment through to nearest side. Gather up sleeve, grasp near wrist and slide over hands. Pull sleeve up near arm. Pull top garment until fitting appropriately. Secure fasteners. | — | — |

| | | Yes | No |
|---|---|---|---|
| 9. | d. For pullover-top garments, place the patients hands, one at a time, in each sleeve, starting with weak side. Pull garment as high up arms as possible. Grasp neck opening and slide over patient's head. Pull garment down to fit appropriately. | — | — |
| | e. Apply stockings and shoes/slippers. | — | — |
| | f. Assist to sitting position or make ready for transfer. | — | — |
| | g. Provide assistive devices when available so patient can perform as much of his/her own dressing as possible. | — | — |

Undressing

| | | | |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Explain procedure. | — | — |
| 3. | Provide privacy. | — | — |
| 4. | Provide assistance as necessary using the following steps: | — | — |
| | a. Undressing a patient who cannot help or who has limited use of an arm or limb is in reverse order of dressing. | — | — |
| | b. It may be best to undress patient in a supine position on the bed. | — | — |
| | c. Start undressing the unaffected, good side, first. The patient can then use good side to help with undressing affected side. | — | — |
| | d. Place removed clothing in appropriate place for re-use or for laundry. Be sure individual's clothing is marked for the patient and receives proper care. | — | — |
| | e. Provide assistive devices as available so patient can perform as much of his/her undressing as possible. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature _____ Evaluator's Signature _____

Learner's Name

Date

## UNIT 5: SUBUNIT H
### Checklist for Making an Unoccupied Bed, Closed

Equipment:

Mattress pad, bottom sheet (flat sheet or contour sheet), plastic drawsheet, cotton drawsheet, top sheet (flat sheet), blanket, bedspread, pillowcase

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Collect linen. | — | — |
| 3. | Place the clean linen on the bedside chair on the side you will be working on. It is best to begin on the side near the door. | — | — |
| 4. | Raise the bed to its highest horizontal level or a level where you can use good body mechanics. | — | — |
| 5. | Move the mattress to the head of the bed. | — | — |
| 6. | Put the mattress pad on the mattress. It should be even with the top of the mattress. | — | — |
| 7. | Place the bottom sheet on the mattress pad. | — | — |
| | a. Unfold the sheet lengthwise. | — | — |
| | b. Place the center crease in the middle of the bed. | — | — |
| | c. The lower edge of the sheet should be even with the bottom of the mattress. | — | — |
| | d. The larger hem should be at the top of the mattress and the small hem should be at the bottom. | — | — |
| | e. The hem stitching should be toward the mattress pad. | — | — |
| 8. | Pick up the sheet from the side to open it. | — | — |
| 9. | Fan-fold it toward the other side of the bed. | — | — |
| 10. | Go to the head of the bed. Tuck in the top of the sheet under the 'Mattress. You will have to lift the mattress slightly. Make sure the sheet is tight and smooth. | — | — |
| 11. | Make a mitered corner at the head of the bed. | — | — |
| | a. Raise the side of the sheet to top of the mattress, (see picture in text) to make a right angle with edge of mattress. | — | — |
| | b. Tuck the remaining portion of the sheet at corner under the mattress. | — | — |
| | c. Bring the raised portion of the sheet down off the bed. | — | — |
| | d. Tuck the entire side of the sheet under the mattress. | — | — |
| 12. | Place the plastic drawsheet on the bed about 14 inches from the top of the mattress. | — | — |

| | | Yes | No |
|---|---|---|---|
| 13. | Open the plastic drawsheet and fan-fold it toward the other side of the bed. | — | — |
| 14. | Place a cotton drawsheet over the plastic drawsheet. Make sure the cotton drawsheet covers the entire plastic drawsheet. | — | — |
| 15. | Open the cotton drawsheet and fan-fold it toward the other side of the bed. | — | — |
| 16. | Tuck both plastic and cotton drawsheets under the mattress or tuck each in separately. | — | — |
| 17. | Put the top sheet on the bed: | | |
| | a. Unfold it lengthwise. | — | — |
| | b. The center crease should be in the middle of the bed. | — | — |
| | c. The large hem should be at the top and even with the top of the mattress. | — | — |
| | d. Open the sheet and fan-fold the extra part toward the other side of the bed. | — | — |
| | e. The hem stitching should be on the outside. | — | — |
| | f. Do not tuck the bottom of the top sheet in yet. | — | — |
| | g. Top linens are never tucked in on the sides. | — | — |
| 18. | Place the blanket on the bed: | | |
| | a. Unfold it so the center crease is in the middle of the bed. | — | — |
| | b. Put the upper hem about 6 to 8 inches from the top of the mattress. | — | — |
| | c. Open the blanket and fan-fold the extra part toward the other side of the bed. | — | — |
| 19. | Place the bedspread on the bed: | | |
| | a. Unfold it so that the center crease is in the middle of the bed. | — | — |
| | b. Open the bedspread and fan-fold the extra part toward the other side of the bed. | — | — |
| | c. Make sure that the side of the bedspread facing the door is even and covers all top linens. | — | — |
| 20. | Tuck in the top sheet, blanket, and bedspread together smoothly and tightly. Make a mitered corner. | — | — |
| 21. | Go to other side of bed. | — | — |
| 22. | Miter the top corner of the bottom sheet. Pull the bottom sheet tight so there are no wrinkles. Tuck in the sheet. | — | — |
| 23. | Pull the plastic and cotton drawsheets tight so there are no wrinkles. Tuck both of them in together or pull each tight and tuck in separately. | — | — |
| 24. | Straighten all top linen working from the head of the bed to the foot. | — | — |

| | | Yes | No |
|---|---|---|---|
| 25. | Tuck in the top sheet, blanket and bedspread together. Make a mitered corner. | — | — |
| 26. | Turn the top hem of the bedspread under the top hem of the blanket or make a cuff. | — | — |
| 27. | Turn the top sheet down over the bedspread. Hem should be down. | — | — |
| 28. | Place the pillow on the bed. | — | — |
| 29. | Open the pillowcase so that it lies flat on the bed. | — | — |
| 30. | Place the pillowcase on the pillow as follows: | | |
| | a. Grasp the corners of the pillow with one hand at the seam and tag end of the pillow. | — | — |
| | b. Bring the corners inward to make a "VII shaped end. | — | — |
| | c. Open the pillowcase with the other hand. | — | — |
| | d. Using the "VII end of the pillow, guide the pillow into the pillowcase until the corners are reached. | — | — |
| | e. Let the corners of the pillow fall into the corners of the pillowcase. | — | — |
| | f. Fold any extra pillowcase material under the pillow at the seam end of the pillowcase. | — | — |
| 31. | Place the pillow on the bed so that the open end is away from the door and the seam of the pillow-case is toward the head of the bed. | — | — |
| 32. | Attach the signal light to the bed. | — | — |
| 33. | Lower the bed to its lowest horizontal position. | — | — |
| 34. | Put towels, washcloth, gown, and bath blanket in the bedside stand. | — | — |
| 35. | Wash your hands. | — | — |

**Checklist for Making an Open Bed**

After making the closed bed do the following:

| | | | |
|---|---|---|---|
| 1. | Fan-fold the top linens to the foot of the bed. | — | — |
| 2. | Attach the signal light to the bed. | — | — |
| 3. | Lower the bed to its lowest horizontal position. | — | — |
| 4. | Place the dirty linen in the linen hamper in the "dirty" utility room or in the laundry chute. | — | — |
| 5. | Wash your hands. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature _____ Evaluator's Signature _____

Learner's Name

Date

## UNIT 5: SUBUNIT H
### Checklist for Making an Occupied Bed

Equipment:

Hamper, mattress pad, bottom sheet (flat sheet or contour sheet), plastic drawsheet, cotton drawsheet, top sheet (flat sheet), blanket, bedspread, pillowcase, bath towels.

| | | Yes | No |
|---|---|---|---|
| 1. | Explain to the patient what you are going to do. | — | — |
| 2. | Wash your hands. | — | — |
| 3. | Place the linen on the bedside chair. | — | — |
| 4. | Provide privacy. | — | — |
| 5. | Place hamper within reach. | — | — |
| 6. | Remove the call signal. | — | — |
| 7. | Raise the bed to its highest horizontal level or to a level where you can use good body mechanics. | — | — |
| 8. | Lower the head of the bed to a level appropriate for the patient. The bed should be as flat as possible. | — | — |
| 9. | Lower the side rail on the side you will be working on and make sure the side rail on the other side of the bed is up and secure. | — | — |
| 10. | Loosen top linens at the foot of the bed. | — | — |
| 11. | Remove the bedspread and the blanket separately and place in the hamper if they are not to be reused. Fold each in the following manner if they are to be reused: | | |
| | a. Fold the top edge of the linen to the bottom edge. | — | — |
| | b. Fold the side farthest to your nearest side. | — | — |
| | c. Fold the top edge to the bottom edge again. | — | — |
| | d. Place the folded linen over the back of the chair. | — | — |
| 12. | Leave top sheet covering patient. | — | — |
| 13. | Move mattress to head of the bed. | — | — |
| 14. | Position the patient on the side of the bed away from you. Adjust the pillow under the patient's head so it is comfortable for the patient and on the far side of the bed. | — | — |
| 15. | Loosen the bottom linens from the head to the foot of the bed. | — | — |
| 16. | Fan-fold the bottom linens one at a time toward the patient and tuck under the patient. Start with the cotton drawsheet and proceed to the plastic drawsheet, bottom sheet, and mattress pad. Do not fan-fold the mattress pad if it is to be reused. | — | — |

| | | Yes | No |
|---|---|---|---|
| 17. | Place clean mattress pad on the bed and unfold it lengthwise with the center crease in the middle of the bed. Fan-fold the top part toward the patient. | — | — |
| | If the mattress pad is to be reused, straighten and smooth any wrinkles. | — | — |
| 18. | Place the bottom sheet on the mattress pad so that the hem stitching will be away from the patient. | — | — |
| | Unfold it so that the center crease is in the middle of the bed and the smaller hem is even with the bottom of the mattress. Fan-fold the top part toward the patient. | — | — |
| 19. | Make a mitered corner at the head of the bed. Tuck the sheet under the mattress from the head of the bed to the foot. | — | — |
| 20. | Pull the fan-folded plastic drawsheet toward you over the bottom sheet. Tuck in the excess drawsheet under the mattress. | — | — |
| 21. | Place the cotton drawsheet over the plastic drawsheet making sure that it covers the entire plastic drawsheet. Fan-fold the top part toward the patient and tuck the excess drawsheet under the mattress. | — | — |
| 22. | Raise the side rail on the side you are working on. | — | — |
| 23. | Go to the other side of the bed and lower the side rail. | — | — |
| 24. | Position the patient on the side of the bed away from you. Adjust the pillow under the patient's head so it is comfortable for the patient and on the other side of the bed. Make sure the patient is covered with the bath blanket. | — | — |
| 25. | Loosen bottom linens. Remove the soiled drawsheet and discard into the hamper, repeat this step for all other soiled linen. | — | — |
| 26. | Straighten and smooth the mattress pad. | — | — |
| 27. | Pull the clean bottom sheet toward you. Make a mitered corner at the head of the bed and tuck the sheet under the mattress from the head of the bed to the foot. | — | — |
| 28. | Pull the plastic drawsheet and cotton drawsheet tightly toward you. Tuck both of the drawsheets under the mattress together or tuck each in separately. | — | — |
| 29. | Position the patient in the supine position in the center of the bed. Adjust the pillow for the patient's comfort. | — | — |

| | | Yes | No |
|---|---|---|---|
| 30. | Put the clean top sheet on the bed unfolding it lengthwise. Make sure the center crease is in the middle of the bed, the large hem is even with the top of the mattress, and the hem stitching is on the outside. | — | — |
| 31. | Ask the patient to hold on to the top sheet so you can remove the other top sheet. Tuck the top sheet under the patient's shoulders if the patient is unable to assist you. Remove the dirty top sheet and place it in the hamper. | — | — |
| 32. | Place the blanket on the bed unfolding it so that the crease is in the middle of the bed. Unfold the blanket so it covers the patient. The upper hem should be 6 to 8 inches from the top of the mattress. | — | — |
| 33. | Turn the top hem of the bedspread under the top hem of the blanket to make a cuff. | — | — |
| 34. | Bring the top sheet down over the bedspread to form a cuff. | — | — |
| 35. | Go to the foot of the bed. | — | — |
| 36. | Lift the mattress corner with one arm and tuck top linens under the mattress. The top sheet, blanket, and bedspread are tucked in together. Be sure the linens are loose enough to allow the patient to move his/her feet. Make a pleat in the top linens if necessary. Make a mitered corner. | — | — |
| 37. | Raise the side rail, and go to the other side of the bed. | — | — |
| 38. | Lower the side rail. | — | — |
| 39. | Straighten and smooth top linens. | — | — |
| 40. | Tuck the top linens under the mattress and make a mitered corner. | — | — |
| 41. | Change the pillowcase(s). | — | — |
| 42. | Attach the signal light. | — | — |
| 43. | Raise the side rail. | — | — |
| 44. | Raise the head of the bed to level appropriate for the patient and make sure the patient is comfortable. | — | — |
| 45. | Lower the bed to its lowest horizontal position. | — | — |
| 46. | Unscreen the patient. | — | — |
| 47. | Place the dirty linen in the linen hamper in the "dirty" utility room or in the designated area. | — | — |
| 48. | Wash your hands. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

## ENVIRONMENTAL CHECKLIST*

*Directions:* In doing an assessment of the facility in which you work, check off "yes" or "no" according to whether the desired feature is present.

### Bathrooms

| | Yes | No |
|---|---|---|
| 1. Mirrors are placed or tilt so that people in wheelchairs can see themselves. | — | — |
| 2. Lighting is bright but does not cause glare. | — | — |
| 3. There is adequate space for manipulating a wheelchair through the doorways and into the stalls. | — | — |
| 4. Doors close behind a person in a wheelchair. | — | — |
| 5. A grab rail is available. | — | — |
| 6. The sinks allow access for people in wheelchairs. | — | — |
| 7. Towels, towel racks, and toilet paper are easy to reach. | — | — |
| 8. Faucets are adapted for use by people with arthritic hands. | — | — |
| 9. Call buttons are within easy reach. | — | — |

### Dining Room

| | | |
|---|---|---|
| 1. Tables are high enough for wheelchairs to fit and to have easy access. | — | — |
| 2. Tables have a nonglare surface and is a color that provides contrast with the plates and silverware. | — | — |
| 3. The dining room is attractive and pleasant. | — | — |
| 4. Lighting is bright enough without creating glare. | — | — |
| 5. Windows have drapes or curtains so that glare can be eliminated. | — | — |
| 6. There is a nice view and something to stimulate pleasant conversation. | — | — |
| 7. Acoustics minimize noise from food carts and cafeteria/kitchen areas. | — | — |
| 8. Chairs are sturdy, with arms, so that people can sit down and stand up independently. | — | — |
| 9. Tables are small enough so that interaction is possible. | — | — |

### Accessibility/Mobility

| | | |
|---|---|---|
| 1. Ramps provide wheelchair accessibility. | — | — |
| 2. Elevator buttons are within the reach of wheelchair-bound people. | — | — |

*Adapted with permission from the Ebenezer Center on Aging, Minneapolis, MN, *The Nursing Home Environment*, Kathy Carroll, Ed., 1978.

| | *Yes* | *No* |
|---|---|---|
| 3. There are handrails throughout the building at appropriate height. | — | — |
| 4. Doors are light enough for older people to open. | — | — |
| 5. Telephones are within reach of wheelchair-bound people. | — | — |
| 6. Counters at the main desk or switchboard are low enough for wheelchair-bound people to get the attention of the person stationed there. | — | — |

### Visual Compensations

| | | |
|---|---|---|
| 1. Light is adequate and falls on objects to be seen without glare. | — | — |
| 2. There are adjustable window coverings. | — | — |
| 3. Floors do not produce glare. | — | — |
| 4. Carpets are plain or have very subtle patterns that do not give the illusion of obstacles to step over. | — | — |
| 5. There is good ground contrast so that items in the environment can be seen. | — | — |

### Outdoor Areas

| | | |
|---|---|---|
| 1. There is shelter from glare and sun. | — | — |
| 2. Gardens and walkways are accessible, allow safe ambulation, and provide seating for tired people. | — | — |
| 3. Walking surfaces enable people in wheelchairs to move their own wheelchairs. | — | — |
| 4. There is some activity going on and a focal point that will promote conversation. | — | — |
| 5. The texture and variety in plants/landscaping are appealing. | — | — |

### Bedrooms

| | | |
|---|---|---|
| 1. Doorways are wide enough for wheelchairs. | — | — |
| 2. The arrangement of furniture allows people to move about. | — | — |
| 3. People have access to their own belongings. | — | — |
| 4. Rooms are personalized. | — | — |
| 5. People have their personal areas identified in each room. | — | — |
| 6. There are curtains or some other device for assuring privacy. | — | — |
| 7. Rooms are attractive. | — | — |

### Safety

| | | |
|---|---|---|
| 1. All rugs lie flat. | — | — |
| 2. There are no spills left on the floor; they are cleaned immediately. | — | — |

| | Yes | No |
|---|---|---|
| 3. Cords from vacuum cleaners and other machines do not interfere with mobility and are clearly identified visually. | — | — |
| 4. There are handrails throughout the facility. | — | — |
| 5. Doors are not too heavy and do not close too fast. | — | — |
| 6. Residents' rooms have furniture that is stable and will not roll away as a person uses it for balance. | — | — |
| 7. There are no obstacles in the entranceway to rooms. | — | — |
| 8. Hallways are free of clutter. | — | — |
| 9. Furniture is not changed without the preference and knowledge of visually impaired people. | — | — |

**Promoting Family Involvement**

| | | |
|---|---|---|
| 1. Rooms are available for family parties and get-togethers. | — | — |
| 2. Such things as a piano or a pool table are in the lounge area for family activity. | — | — |
| 3. Schedules of activities are posted on bulletin boards with an invitation to families. | — | — |
| 4. Outdoor areas include some playground equipment for children. | — | — |
| 5. Small chairs, books, and magazines are provided for children who visit. | — | — |
| 6. Picnic tables and chairs are provided for visiting with families. | — | — |

**Tactile Cues**

| | | |
|---|---|---|
| 1. Carpeting, wall surfaces, and furniture provide variety so that residents can determine environmental differences. | — | — |
| 2. Bed linens, throw pillows, and curtains provide interesting textual qualities. | — | — |
| 3. Tactile differences, such as fur pieces and carpet pieces, are used to assist visually impaired people to find their rooms and other items. | — | — |
| 4. Differences in floor surfaces and wall surfaces are used to assist visually impaired people to identify areas or rooms. | — | — |
| 5. Trees, bushes, and flowers are arranged so that people can be near them and touch them. | — | — |



BEST COPY AVAILABLE

Learner's Name

Date

UNIT 5: SUBUNIT I

Checklist for Measuring Intake and Output

Equipment:

Intake and Output record
Two labels with Intake and output for bedside
Graduate (measuring container)
Pen

| | | Yes | No | |
|---|---|---|---|---|
| 1. | Explain the importance of measuring intake and output to the patient. | ___ | ___ | |
| 2. | Place the Intake and Output record at the bedside. | ___ | ___ | |
| 3. | Place one of the Intake and Output labels in the patient's bathroom and one in the appropriate place near the bed. | ___ | ___ | |
| 4. | Measure Intake and Output as follows: | | | |
| | a. Pour remaining liquid from one container into graduate. | ___ | ___ | |
| | b. Measure the amount in the graduate at eye level. | ___ | ___ | |
| | c. Check the amount served by facility on I & O record. | ___ | ___ | |
| | d. Subtract the remaining amount from the amount served. | ___ | ___ | |
| | e. Repeat steps a. through d. for each liquid. | ___ | ___ | |
| | f. Add the amounts from each liquid for a total. | ___ | ___ | |
| | g. Chart total of liquids and the time served on the I & O record. | ___ | ___ | |
| 5. | Measure Output as follows: | | | |
| | a. Pour the liquid into the graduate. | ___ | ___ | |
| | b. Measure the amount at eye level. | ___ | ___ | |
| | c. Record the amount of liquid and the time on the I & O record. | ___ | ___ | |
| | d. Clean the graduate and return to proper place. | ___ | ___ | |
| 6. | Wash your hands. | | ___ | ___ |
| 7. | Report observations to nurse in charge. | | ___ | ___ |

Comments:

Satisfactory Demonstration: ___ ___

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT I

Checklist for Observing Patients Receiving Intravenous Fluids

| | Yes | No |
|---|---|---|
| The nursing assistant observes the following: | | |
| 1. Patient is comfortable: (as compared to time before I.V.) | — | — |
| a. Free of pain at needle site. | — | — |
| b. Free of swelling at needle site; needle anchored. | — | — |
| c. Skin color is normal at needle site. | — | — |
| (Compared to site without I.V.) | — | — |
| d. Patient's respirations are unchanged. | — | — |
| (Free of rapid breathing and chest pain). | — | — |
| Skin clear of rashes. | — | — |
| f. Free of anxiety and restlessness. | — | — |
| g. Any of the above is reported immediately. | — | — |
| 2. Tubing | | |
| a. Intact, no leaks. | — | — |
| b. No kinks. | — | — |
| c. Free of tangles. | — | — |
| d. Not under patient. | — | — |
| e. Variations of above are reported immediately. | — | — |

The licensed nursing staff check on all of the above and the following:

1. Solution container
   a. Has name of correct solution.
   b. Correct number on the container.
   c. Date and time on container as necessary.

2. Drip Chamber
   a. Filling correctly.
   b. Correct rate of drip.

NOTE: Be sure hands have been washed when checking skin at the needle site and at the tube connections.

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT I
Checklist for Getting Patients Ready for Meals

Equipment:

Supplies for oral hygiene
Bedpan/urinal
Wash basin
Soap, towel, washcloth
Robe, slippers

| | | Yes | No |
|---|---|---|---|
| 1. | Explain to the patient what you are going to do. | — | — |
| 2. | Wash your hands. | — | — |
| 3. | Provide privacy. | — | — |
| 4. | Assist patient to the bathroom if possible for oral hygiene and toileting. | — | — |
| 5. | Assist patient with oral hygiene at bedside if not in bathroom. | — | — |
| 6. | Offer bedpan/urinal for patients who do not go to bathroom. | — | — |
| 7. | Have patient wash hands. | — | — |
| 8. | Assist patient to comfortable sitting position at bedside or in bed, adjusting the overbed table for meal tray. | — | — |
| 9. | Be sure the overbed table is clean and clear of unnecessary articles. | — | — |
| 10. | Unscreen patient. Eliminate any odors if possible. | — | — |
| 11. | Wash your hands. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT I
Checklist for Serving Meal Trays*

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Check tray with the dietary card to make sure the tray is complete. | — | — |
| 3. | Identify the patient by checking the identification used on patients in the facility. | — | — |
| 4. | Have the patient in sitting position. | — | — |
| 5. | Place the tray on the overbed table within reach of the patient. Adjust the height of the table as necessary. | — | — |
| 6. | Remove food covers; open milk cartons; cut meat; butter bread as necessary to assist patient. | — | — |
| 7. | Make sure napkin and silverware are within reach of patient. | — | — |
| 8. | Measure and record I & O as necessary. Note what kinds and amounts of food were eaten. | — | — |
| 9. | Remove tray when patient is finished. | — | — |
| 10. | Assist patient with oral hygiene. | — | — |
| 11. | Provide for patient comfort: clean up spills provide clean clothing if necessary, return patient to comfortable position. | — | — |
| 12. | Leave call button close to patient, side rails up. | — | — |
| 13. | Wash your hands. | — | — |
| 14. | Report observations to nurse in charge. | — | — |

* Serve trays last to patients who are unable to feed themselves.

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT I
Checklist for Feeding Helpless Patients

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Explain procedure. | — | — |
| 3. | Position the patient in a sitting position. | — | — |
| 4. | Place the food tray on the overbed table. | — | — |
| 5. | Check the dietary card with the patient's identification. | — | — |
| 6. | Drape a napkin across the patient's chest and under chin. | — | — |
| 7. | Prepare the food for eating. | — | — |
| 8. | Inform patient about the food on the tray. | — | — |
| 9. | Serve food as requested by patient. | — | — |
| 10. | Serve from tip of spoon in small amounts. | — | — |
| 11. | Alternate solids and liquids. | — | — |
| 12. | Test for temperature by placing spoon against inside of wrist. | — | — |
| 13. | Use straw for liquids. | — | — |
| 14. | Observe patient for signs of aspiration and/or choking. | — | — |
| 15. | Make eating time as pleasant as possible. Do not rush eating. | — | — |
| 16. | Encourage intake of food but do not force. | — | — |
| 17. | Note kinds and amounts patient eats. | — | — |
| 18. | Measure and record I & O if necessary. | — | — |
| 19. | Remove tray when patient is finished. | — | — |
| 20. | Provide for oral hygiene. | — | — |
| 21. | Provide for comfort: reposition patient, put side rails up. | — | — |
| 22. | Place call button within reach. | — | — |
| 23. | Report and record observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

## UNIT 5: SUBUNIT I

### Checklist for Using a Thumb-Controlled Syringe to Place Liquids and Pureed Foods Mid-Line on the Tongue of Patients with Feeding and Swallowing Difficulties

Equipment:

Nourishment
60cc Irrigating Syringe
Napkin/Towel

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify the patient. | — | — |
| 3. | Position the patient in a sitting position. | — | — |
| 4. | Explain procedure. | — | — |
| 5. | Drape the napkin across the patient's chest or under chin. | — | — |
| 6. | Test food/liquid for temperature by placing food against inside of wrist. | — | — |
| 7. | Place feeding on patient's tongue instructing the patient to move the food around with his/her tongue before swallowing. | — | — |
| 8. | Have the patient feel his/her laryngeal area during the act of swallowing (this demonstrates that he/she can swallow; often the patient is afraid that he/she cannot swallow). | — | — |
| 9. | Observe patient for signs of aspiration and/or choking. | — | — |
| 10. | Make eating time as pleasant as possible; do not rush eating; keep the environment quiet while patient is eating. | — | — |
| 11. | Note kinds and amounts patient eats. | — | — |
| 12. | Measure and record I & O if necessary. | — | — |
| 13. | Remove equipment when patient is finished. | — | — |
| 14. | Provide for oral hygiene. | — | — |
| 15. | Provide for comfort: reposition patient; put side rails up. | — | — |
| 16. | Place call button within reach. | — | — |
| 17. | Report and record observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT I
Checklist for Observing Patients with Tube Feedings

NOTE: The nursing assistant must know facility policy about his/her participation with patients receiving tube feedings.

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify patient. Provide privacy. | — | — |
| 3. | Check that tube feeding is at room temperature. | — | — |
| 4. | Check that the skin around the tube (nostrils/ stomach) has no irritation. | — | — |
| 5. | Check that liquid flows freely and there are no kinks in tube. | — | — |
| 6. | Observe patient for tolerance of feeding, for nausea, for feeling of fullness. Report observations immediately. | — | — |
| 7. | Check on patient's comfort; provide frequent mouth care. | — | — |
| 8. | Check that the tubing is clamped and secured in place without tension after feeding. | — | — |

Licensed nursing staff are responsible for the above and the following:

| | | | |
|---|---|---|---|
| 1. | Accuracy of kind, amount, date and time of feedings. | — | — |
| 2. | The tube is properly anchored in stomach. | — | — |
| 3. | Tubes are properly rinsed after feedings. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT J
Checklist for Taking Blood Pressure
(Core I)

Equipment:
Sphygmomanometer
Stethoscope
Cotton sponge with alcohol
Paper and pencil

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify patient and explain procedure. | | |
| 3. | Place patient in sitting position if possible; extend and support arm level with heart. | — | — |
| 4. | Assemble equipment on bedside table. | — | — |
| 5. | Adjust stethoscope. | | |
| 6. | Raise patient's sleeve above elbow. | — | — |
| 7. | Center compression bag (in cuff) over brachial artery; wrap deflated cuff around upper arm. | — | — |
| 8. | Fasten cuff securely; cuff should be smooth and snug but not tight. | — | — |
| 9. | Close the valve by tightening the screw near the bulb. | — | — |
| 10. | Locate the brachial artery with fingertips of left hand. | — | — |
| 11. | Place stethoscope ear tips in ears and hold bell of stethoscope over area where pulse is felt. | — | — |
| 12. | With right hand, pump air into cuff by squeezing bulb until sounds coming through are no longer heard; inflate to 20 points higher. | — | — |
| 13. | Open valve slowly, release air, continue until faint thumping sound is heard and observe mercury column; this is systolic pressure and it will be the first number of the blood pressure reading. | — | — |
| 14. | Continue to listen while releasing air from the cuff until sound changes to a muffled or dull sound; this is diastolic pressure and it will be the second number of the blood pressure reading. | — | — |
| 15. | Record the blood pressure on paper. | — | — |

| | | Yes | No |
|---|---|---|---|
| 16. | Remove cuff from patient's arm. | — | — |
| 17. | Make patient comfortable. | — | — |
| 18. | Clean stethoscope; replace equipment. | — | — |
| 19. | Wash your hands. | — | — |
| 20. | Report and record findings. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT J
Checklist for Taking a Radial Pulse
(Core I)

Equipment:
Watch with second hand
Paper and pencil

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Explain procedure to the patient. | — | — |
| 3. | Place patient in comfortable position with palm of hand down and arm well supported. | — | — |
| 4. | Place tips of first three fingers over radial artery on thumb side of wrist, exerting slight pressure. | — | — |
| 5. | Do not use thumb. | — | — |
| 6. | When pulse is felt, count for one minute timing with second hand of watch. | — | — |
| 7. | Wash your hands. | — | — |
| 8. | Report any unusual observations such as volume and rhythm. | — | — |
| 9. | Record on patient's chart according to facility policies. | — | — |
| 10. | Leave patient in a comfortable position. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT J
Checklist for Taking an Apical Pulse
(Core I)

Equipment:

Stethoscope
Alcohol Swab
Watch with second hand
Paper and pencil

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | ___ | ___ |
| 2. | Identify patient and explain procedure. | ___ | ___ |
| 3. | Screen patient. | ___ | ___ |
| 4. | Uncover left side of patient's chest. | ___ | ___ |
| 5. | Clean earpieces on stethoscope. | ___ | ___ |
| 6. | Locate the apex of the heart by placing finger tips on patient's chest below left nipple. | ___ | ___ |
| 7. | Place stethoscope tips in ears and the bell over the apical region and listen for heart sounds. | ___ | ___ |
| 8. | Count for one full minute. | ___ | ___ |
| 9. | Report any unusual observations such as volume and rhythm. | ___ | ___ |
| 10. | Record on patient's chart according to facility policy. | ___ | ___ |
| 11. | Leave patient in comfortable position. | ___ | ___ |
| 12. | Clean stethoscope ear tips and return to proper place. | ___ | ___ |
| 13. | Wash your hands. | ___ | ___ |

Comments:

Satisfactory Demonstration: ___ ___

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT J
Checklist for Counting Respirations
(Core I)

Equipment:
Watch with second hand
Paper and pencil

| | | Yes | No |
|---|---|---|---|
| 1. | While temperature is being checked and thermometer is still in position, place arm across patient's chest holding wrist as if counting pulse and proceed to count the rise and fall of the chest. | — | — |
| 2. | Do not prepare the patient for this procedure because he/she may try to physically regulate own breathing. | — | — |
| 3. | Count for one minute. | — | — |
| 4. | Note regularity, volume, rhythm and other characteristics of breathing such as deep, irregular, shallow or Cheyne-Stokes. | — | — |
| 5. | Report any unusual observations. | — | — |
| 6. | Record according to facility policies. | — | — |
| 7. | Leave patient in comfortable position. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT J
Checklist for Taking an Oral Temperature
(Core I)

Equipment:

Clean thermometer and holder with solution
Watch with second hand
Paper and pencil
Clean tissue

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Assemble equipment and take to bedside. | — | — |
| 3. | Identify patient and explain procedure. | — | — |
| 4. | Remove thermometer from container, holding near the end opposite the mercury bulb. | — | — |
| 5. | Shake mercury down to 95 or below. | — | — |
| 6. | Place mercury bulb under the patient's tongue. Ask the patient to keep lips closed without biting the thermometer. | — | — |
| 7. | Leave thermometer in place for five to eight minutes; remain with patient if necessary. | — | — |
| 8. | Remove and wipe thermometer with tissue, from clean end to bulb end. | — | — |
| 9. | Rotate thermometer until mercury column can be seen clearly. | — | — |
| 10. | Read and record. | — | — |
| 11. | Shake mercury down. | — | — |
| 12. | Place thermometer in proper place. | — | — |
| 13. | Discard tissue. | — | — |
| 14. | Replace equipment in designated area according to facility policy. | — | — |
| 15. | Wash your hands. | — | — |
| 16. | Record temperature in patient's chart. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT J
Checklist for Taking an Axillary Temperature
(Core I)

Equipment:

Container with clean thermometer
Clean tissue
Paper and pencil
Watch with second hand
Bath towel

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | ___ | ___ |
| 2. | Inform patient of procedure. | ___ | ___ |
| 3. | Pat underarm dry; avoid friction. | ___ | ___ |
| 4. | Shake mercury down to 95 or below. | ___ | ___ |
| 5. | Raise patient's arm and place the bulb end of thermometer in the hollow of the axilla. | ___ | ___ |
| 6. | Bring patient's arm across chest and rest hand on opposite shoulder. | ___ | ___ |
| 7. | Keep thermometer in place for ten minutes; remain with patient if necessary. | ___ | ___ |
| 8. | Remove, wipe and read thermometer. | ___ | ___ |
| 9. | Clean and return equipment according to facility policies. | ___ | ___ |
| 10. | Wash your hands. | ___ | ___ |
| 11. | Record temperature indicating (AX). | ___ | ___ |

Comments:

Satisfactory Demonstration: ___

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 5: SUBUNIT J
Checklist for Taking a Rectal Temperature
(Core I)

Equipment:

Container with clean, rectal thermometer
Clean tissue
Lubricant
Paper and pencil
Watch with second hand

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify patient and explain procedure. | — | — |
| 3. | Place adult patient on side and flex upper knee; place child on abdomen with face to side unless physical condition makes it inadvisable. | — | — |
| 4. | Shake mercury down to 95 or below. | — | — |
| 5. | Lubricate thermometer with small amount of soluble lubricant. | — | — |
| 6. | Raise top bed covers and expose anal area; raise upper buttocks and insert thermometer gently into rectum about one-half inch. | — | — |
| 7. | Hold thermometer in place for three minutes; do not leave patient. | — | — |
| 8. | Remove thermometer gently, holding the stem. | — | — |
| 9. | Remove excessive lubricant with tissue, wiping from stem end to bulb. | — | — |
| 10. | Discard used tissue in proper container. | — | — |
| 11. | Read accurately and carefully. | — | — |
| 12. | Record temperature indicating (R). | — | — |
| 13. | Return equipment according to facility procedures. | — | — |
| 14. | Wash your hands. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6

Checklist for Positioning Patients

Equipment:

Pillows, protector pads, footboard, trochanter rolls, hand rolls

| Procedure: Supine Position | Yes | No |
|---|---|---|
| 1. Wash your hands. | — | — |
| 2. Identify patient and explain procedure. | — | — |
| 3. Place bed in high horizontal position. | — | — |
| 4. Place pillow under neck and head. | — | — |
| 5. Place arms in functional, comfortable position. | — | — |
| 6. Place hand cone or hand roll if paralyzed. | — | — |
| 7. Place trochanter rolls along hips. | — | — |
| 8. Place small pad under knees. | — | — |
| 9. Place bottom of feet flat against footboard when necessary. | — | — |
| 10. Place protector pads under elbows and heels. | — | — |
| 11. Assure comfort of patient. Wash your hands. | — | — |
| 12. Report and record procedure and observations. | — | — |
| Comments: | | |
| Satisfactory Demonstration: | — | — |

Evaluator's Signature

| Procedure: Prone Position | | |
|---|---|---|
| 1. Wash your hands. | — | — |
| 2. Identify patient and explain procedure. | — | — |
| 3. Remove pillow from under head. Turn patient to abdomen. | — | — |
| 4. Move patient to foot of bed so feet hang over end of mattress or place pillow under lower legs to discourage foot drop. | — | — |
| 5. Place small pillow under hips and abdomen. | — | — |
| 6. Rotate arms at right angle of body, even with head or down at side with elbows straight. | — | — |
| 7. Place hand cone or roll in hands. | — | — |
| 8. Place protector pads under elbows. | — | — |
| 9. Assure comfort of patient. Wash your hands. | — | — |
| 10. Report and record procedure and observations. | — | — |
| Comments: | | |
| Satisfactory Demonstration: | — | — |

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6
Checklist for Positioning Patients

Procedure: Sidelying Position

Note: Do not use for patients at high risk for decubitus ulcers. Use semi supine or semi prone as in Will & Eighmy (1991) or Witmer (1990).

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify and instruct patient on procedure. | — | — |
| 3. | Place pillow under head only, not shoulder. | — | — |
| 4. | Pull underarm away from body, flex elbow, palm up. | — | — |
| 5. | Support arm on top with a pillow to prevent shoulder slump; elbow should be flexed. | — | — |
| 6. | Use hand rolls if necessary. | — | — |
| 7. | Keep bottom leg straight. | — | — |
| 8. | Flex top leg at hip and knee joints; support with 2 large pillows, one under thigh and one under lower leg and ankle. | — | — |
| 9. | Place pillow lengthwise along back. | — | — |
| 10. | Assure comfort of patient. Wash your hands. | — | — |
| 11. | Report and record procedure and observations. | — | |

Comments:

Satisfactory Demonstration: — —

Evaluator's Signature

Procedure: Fowler's Position

| | | | |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify and instruct patient on procedure. | — | — |
| 3. | Have patient supine. | — | — |
| 4. | Position patient on mattress so hip joint is directly above the joint on the bed frame. | — | — |
| 5. | Place pillow under head and upper shoulders. | — | — |
| 6. | Raise head of bed to a 45 degree angle. | — | — |
| 7. | Pillows may be placed under arms for added comfort. | — | — |
| 8. | Assure comfort of patient. Wash your hands. | — | — |
| 9. | Report and record procedure and observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6
Checklist for Positioning Patients

| Procedure: Sims' Position (position for enema) | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify and instruct patient on procedure. | — | — |
| 3. | Turn patient to left side, adjust pillow under head. | — | — |
| 4. | Straighten lower leg, flex upper leg so it is not on lower leg. | — | — |
| 5. | If patient will remain in the position, place pillow between upper and lower leg. | — | — |
| 6. | Place bottom arm away from body so no pressure is on it. | — | — |
| 7. | Place upper arm on pillow if patient is to remain in this position. | — | — |
| 8. | Assure comfort of patient. Wash your hands. | — | — |
| 9. | Report and record procedure and observations. | — | — |
| Comments: | | | |
| Satisfactory Demonstration: | | — | — |

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6
Checklist for Range of Motion Exercises

Equipment:
Bath blanket

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify the patient and explain procedure. | — | — |
| 3. | Provide privacy. Cover patient with bath blanket. | — | — |
| | Fan-fold top linen to foot of bed. | — | — |
| 4. | Place the patient in a supine position with knees extended and arms at the side. | — | — |
| 5. | Lower the side rail on the near side of the bed. | — | — |
| 6. | Exercise the neck: | | |
| | Head Flexion and Extension | | |
| | With patient's body straight, gently move head down, up and backward, then straighten neck again. | — | — |
| | Right/Left Rotation | | |
| | With head and body straight, gently rotate head to the right. Come back to starting position, then rotate head to the left. | — | — |
| | Right/Left Lateral Flexion | | |
| | With body and head straight, move head gently toward the right shoulder. Come back to starting position, then move head toward the left shoulder. | — | — |
| | Use the weight of the head to help move it. | — | — |
| 7. | Move to shoulder: | | |
| | Shoulder Flexion | | |
| | With elbow straight, raise arm overhead, then lower, keeping arm in front of you. | — | — |
| | Shoulder Abduction and Adduction | | |
| | With elbow straight, raise arm overhead, then lower, keeping arm out to the side. | — | — |
| | Shoulder Internal and External Rotation | | |
| | Bring arm out to the side. DO NOT bring elbow out to shoulder level. Turn arm back and forth so forearm points down toward feet, then up toward head. With arm alongside body and elbow bent at 90 degrees, turn arm so forearm points across stomach, then out to side. | — | — |
| | Shoulder Horizontal Abduction and Adduction | | |
| | Keep arm at shoulder level, reach across chest past opposite shoulder, then reach out to the side. | — | — |

| | | Yes | No |
|---|---|---|---|
| 8. | Exercise each elbow, wrist, and forearm. | | |
| | Elbow Flexion and Extension<br>With arm alongside body, bend elbow to touch shoulder, then straighten elbow out again. | — | — |
| | Forearm Pronation and Supination<br>With arm alongside the body and elbow bent to 90 degrees, turn forearm so palm faces toward head, then toward feet. | — | — |
| | Wrist Flexion and Extension<br>Bend wrist up and down. | — | — |
| | Ulnar and Radial Deviation<br>Bend wrist from side to side. | — | — |
| 9. | Exercise each finger. | | |
| | Finger Flexion and Extension<br>Make a fist, then straighten fingers out together. | — | — |
| | Individual Finger Flexion and Extension<br>Move each joint individually. Touch tip of each finger to its base, then straighten each finger out together. | — | — |
| | Finger Adduction and Abduction<br>With fingers straight,, squeeze fingers together, then spread them apart. | — | — |
| | Finger/Thumb Opposition<br>Touch thumb to the tip of each finger to make a circle. Open hand fully between touching each finger. | — | — |
| 10. | Exercise each hip, knee and ankle. | | |
| | Hip/Knee Flexion and Extension<br>Keep areas not being exercised covered. Bend knee and bring it up toward chest, keeping foot off bed. Lower leg to bed, straightening knee as it goes down. | — | — |
| | Straight Leg Raising<br>Keeping the knee straight, raise leg up off the bed. | — | — |
| | Hip Abduction and Adduction<br>With leg flat on bed and knee kept pointing to ceiling, slide leg out to the side. Then slide it back to touch across the other leg. | — | — |
| | Hip Internal and External Rotation<br>With legs flat on bed and feet apart, turn both legs so knees face outward. Then turn them in to face each other. | — | — |
| 11. | Exercise each foot. | — | — |
| | Ankle Dorsiflexion and Plantar Flexion<br>Bend ankle up, down, and from side to side. | — | — |
| | Toe Flexion and Extension<br>Bend and straighten each toe. | — | — |

| | | Yes | No |
|---|---|---|---|
| 12. | Make the resident comfortable. | ___ | ___ |
| 13. | Be sure the signal cord is within easy reach. | ___ | ___ |
| 14. | Raise the side rails. | ___ | ___ |
| 15. | Wash your hands. | ___ | ___ |
| 16. | Report and record the procedure and observations. | ___ | ___ |
| | Be sure to note patient's tolerance and progress with the exercises. | ___ | ___ |

Comments:

Satisfactory Demonstration: ___ ___

_____ _____

Student Signature Evaluator's Signature

Learner's Name

Date

UNIT 6

Checklist for Ambulating a Patient with a Cane

Equipment:

Adjustable cane
Gait belt on patient if needed

| | | Yes | No |
|---|---|---|---|
| 1. | Check orders or obtain permission from supervisor; know gait which patient has learned. | — | — |
| 2. | Wash your hands. | — | — |
| 3. | Check cane for safety: rubber tip(s) in good condition. | — | — |
| 4. | Help patient to standing position. Be sure patient wears sturdy, comfortable shoes. | — | — |
| 5. | Check adjustments on cane: top of cane at femur; patient's elbow flexed at a 25-30 degree angle with hand resting on handle. Follow policy of facility for adjustments. | — | — |
| 6. | Instruct patient to use the cane on the good side which prevents leaning toward the weak side. | — | — |
| 7. | Assist the patient to walk with gait ordered or as follows: move the cane and the weak side forward, keeping the cane close to the body. | — | — |
| | Transfer body weight forward to the cane. Move the good side forward. Continue in this way. | — | — |
| 8. | Going up stairs, instruct patient to: step up with good foot, follow with cane and weak foot. | — | — |
| 9. | Going downstairs, instruct patient to: step down with good foot, follow with cane and weak foot. | — | — |
| 10. | Instruct patient to take small steps when walking to prevent leaning forward or to weak side. Be prepared for falls. | — | — |
| 11. | Walk close to patient on weak side. | — | — |
| 12. | Assist patient to bedside or to place desired. Store cane. | — | — |
| 13. | Wash your hands. Report and record patient's progress and any problems he/she experiences. | — | — |
| Comments: | | | |
| | Satisfactory Demonstration: | — | — |

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6

Checklist for Ambulating a Patient with a Walker

Equipment:

Adjustable walker
Gait belt on patient if needed

| | | Yes | No |
|---|---|---|---|
| 1. | Check orders or gain permission from supervisor for ambulating patient with a walker. | — | — |
| 2. | Explain procedure to patient. Wash your hands. | — | — |
| 3. | Check walker for safety: be sure rubber tips are secure and in good condition; check condition of hand rests. | — | — |
| 4. | Make sure patient has appropriate walking shoes. | — | — |
| | Assist to standing position. | — | — |
| 5. | Check the walker: hand rests are at top of femur; elbows are flexed at 25-30 degree angle when hands are on hand rests. | — | — |
| 6. | Have walker adjusted as needed according to facility policy. | — | — |
| 7. | Instruct patient to move inside the walker. | — | — |
| 8. | Instruct patient to lift walker so back legs are even with toes and then to move body slightly forward toward walker. | — | — |
| 9. | Instruct patient to use walker for support as he/she moves body inside it. Have patient repeat movements in 7 and 8. | — | — |
| 10. | Walk beside patient, slightly behind. Be alert for any falls. | — | — |
| 11. | Caution patient to keep toes within walker, not to take big steps. | — | — |
| 12. | Assist patient to comfortable place of choice. | — | — |
| | Store walker. | — | — |
| 13. | Wash your hands. | — | — |
| 14. | Report and record observations, patient's tolerance and progress. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6
Checklist for Ambulating Patients with
and without Gait Belts

Equipment:
Gait belt

| With a Gait Belt | | Yes | No |
|---|---|---|---|
| 1. | Check orders or gain permission to ambulate patient. | — | — |
| 2. | Identify patient and explain the procedure. | — | — |
| 3. | Have patient properly dressed (in privacy) in robe, or street attire with sturdy shoes. | — | — |
| 4. | Place gait belt on patient, explaining its use, pulling it snugly in place. | — | — |
| 5. | Have the patient sit before walking, check pulse rate. | — | — |
| 6. | Monitor patient's condition (color, perspiration, feelings, strength). | — | — |
| 7. | Have patient stand, place your nearest arm around patient's waist, grasping gait belt. | — | — |
| 8. | Walk to patient's side, slightly behind patient. Encourage good posture. | — | — |
| 9. | Know walking distance, provide for rest stop; check pulse, monitor condition. | — | — |
| 10. | Be sure walking area has few distractions, is uncluttered. | — | — |
| 11. | Return patient to comfortable place of choice. Remove gait belt. | — | — |
| 12. | Wash your hands. | — | — |
| 13. | Report and record observations and patient's progress. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6
Checklist for Patient Who Falls:
to Prevent Injury

| | | Yes | No |
|---|---|---|---|
| 1. | Keep your feet apart, back straight. | ___ | ___ |
| 2. | Pull patient close to you, grab under arms, around waist, grasp gait belt if in place. | ___ | ___ |
| 3. | Gently lower patient and self, bend your knees, keep back straight. | ___ | ___ |
| 4. | Drop gently to floor. | ___ | ___ |
| 5. | Have patient checked by supervisor and/or M.D. before moving. | ___ | ___ |
| 6. | Obtain assistance to move patient back to bed. | ___ | ___ |
| 7. | Complete incident report; follow facility policies. | ___ | ___ |

Comments:

Satisfactory Demonstration: ___ ___

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6

Checklist for Moving the Patient Up in Bed

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify the patient. | — | — |
| 3. | Explain to the patient what you are going to do and what the patient can do to help. | — | — |
| 4. | Pull the curtain around the patient's bed to provide privacy. | — | — |
| 5. | Make sure the wheels on the bed are locked. | — | — |
| 6. | Raise the bed to its highest horizontal level or to a level where you can use good body mechanics. | — | — |
| 7. | Lower the head of the bed to a level appropriate for the patient. The bed should be as flat as possible. | — | — |
| 8. | Place the pillow against the headboard if the patient can be without it to prevent the patient's head from hitting the headboard when being moved up. | — | — |
| 9. | Make sure that the side rail on the opposite side is raised and the one nearest you is lowered. | — | — |
| 10. | Assume a broad stance so that your feet are about 12 inches apart. Point the foot closet to the head of the bed toward the head of the bed and face that direction. | — | — |
| 11. | Bend your hips and knees while keeping your back straight. | — | — |
| 12. | Place one arm under the shoulders and the other under the thighs of the patient. | — | — |
| 13. | Ask patient to grasp the head of the bed and flex both knees. | — | — |
| 14. | Tell the patient that you will both move on the count of three. Have the patient pull up with the hands and push against the bed with the feet. Tell the patient what you will be doing at this time. | — | — |
| 15. | Move patient to the head of the bed on the count of three and shift your body weight from the rear to the front leg. | — | — |
| 16. | Put the pillow under the patient's head and shoulders by locking arms with the patient. | — | — |
| 17. | Make sure the linens are straightened and the patient is comfortable and in good body alignment. | — | — |
| 18. | Make sure the signal light is within reach of the patient. | — | — |
| 19. | Raise the side rail on the side near you. | | |

| | | Yes | No |
|---|---|---|---|
| 20. | Raise the head of the bed to a level appropriate for patient. | — | — |
| 21. | Lower the bed to its lowest horizontal position. | — | — |
| 22. | Unscreen the patient. | — | — |
| 23. | Wash your hands. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6

Checklist for Moving the Patient Up in Bed Using a Turning Sheet

| | | Yes | No |
|---|---|---|---|
| 1. | Ask a nurse or another nursing assistant to help you. | — | — |
| 2. | Wash your hands. | — | — |
| 3. | Identify the patient. | — | — |
| 4. | Explain to the patient what you are going to do. | — | — |
| 5. | Pull the curtain around the patient's bed to provide privacy. | — | — |
| 6. | Make sure the wheels on the bed are locked. | — | — |
| 7. | Raise the bed to its highest horizontal level or to a level where you can use good body mechanics. | — | — |
| 8. | Lower the head of the bed to a level appropriate for patient. The bed should be as flat as possible. | — | — |
| 9. | Place the pillow against the headboard if the patient can be without it. This will prevent patient's head from hitting the headboard when being moved up. | — | — |
| 10. | Stand on one side of the bed and have your helper stand on the other side. | — | — |
| 11. | Lower the side rails. | — | — |
| 12. | Assume a broad stance so that your feet are about 12 inches apart. Point the foot closest to the head of the bed toward the head of the bed and face that direction. | — | — |
| 13. | Roll the sides of the turning sheet up close to the patient. | — | — |
| 14. | Grasp the rolled up turning sheet firmly near the patient's shoulders and buttocks. | — | — |
| 15. | Bend your hips and knees while keeping your back straight. | — | — |
| 16. | Slide the patient up in bed on the count of three. Shift your body weight from the rear leg to the front leg. | — | — |
| 17. | Unroll the turning sheet. | — | — |
| 18. | Put the pillow under the patient's head and shoulders. Make sure other linens are straightened and the patient is comfortable and in good body alignment. | — | — |
| 19. | Make sure signal light is within the patient's reach. | — | — |
| 20. | Raise the side rails. | — | — |
| 21. | Raise the head of the bed to a level appropriate for patient. | — | — |

Checklist for Moving the Patient Up in Bed Using a Turning Sheet
Page 2

| | | Yes | No |
|---|---|---|---|
| 22. | Lower the bed to its lowest horizonal position. | ___ | ___ |
| 23. | Unscreen the patient. | ___ | ___ |
| 24. | Wash your hands. | ___ | ___ |

Comments:

Satisfactory Demonstration: ___ ___

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6
Checklist for Assisting Patient to Dangle

Equipment:

Bath Blanket
Pillow
Chair
Footstool

| | | Yes | No |
|---|---|---|---|
| 1. | Identify patient and explain procedure. | ___ | ___ |
| 2. | Wash your hands. | ___ | ___ |
| 3. | Check patient's pulse. | ___ | ___ |
| 4. | Screen patient. | ___ | ___ |
| 5. | Lock bed. | ___ | ___ |
| 6. | Fan-fold top bedding. | ___ | ___ |
| 7. | Elevate head of bed. | ___ | ___ |
| 8. | Place one arm around patient's shoulders, the other under the knees;turn patient toward you. | ___ | ___ |
| 9. | Allow legs to hang over side of bed. | ___ | ___ |
| 10. | Cover legs with bath blanket. | ___ | ___ |
| 11. | Roll pillow and tuck firmly to patient's back for support. | ___ | ___ |
| 12. | Instruct patient to swing legs to and fro; have patient dangle as long as ordered. | ___ | ___ |
| 13. | Check pulse. | | |
| 14. | Reverse procedure to return patient to lying position. | ___ | ___ |
| 15. | Make patient comfortable. | ___ | ___ |
| 16. | Check pulse. | ___ | ___ |
| 17. | Position signal cord within reach. | ___ | ___ |
| 18. | Wash your hands. | ___ | ___ |
| 19. | Report needed information and observations to charge nurse. | ___ | ___ |

Comments:

Satisfactory Demonstration: ___ ___

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6

Checklist for Assisting Patient to Wheelchair/chair

Equipment:

Bathrobe, slippers, footstool, chair/wheelchair, pillow, blanket

| | | Yes | No |
|---|---|---|---|
| 1. | Assemble equipment. | ___ | ___ |
| 2. | Wash your hands. | ___ | ___ |
| 3. | Provide privacy. Explain procedure. | ___ | ___ |
| 4. | Check pulse. | ___ | ___ |
| 5. | Place chair/wheelchair at foot of bed, facing patient. Lock wheels/secure chair. Move footrest out of way. | ___ | ___ |
| 6. | Lower bed to lowest position. | ___ | ___ |
| 7. | Fan-fold top linens out of way. | ___ | ___ |
| 8. | Elevate head of bed. | ___ | ___ |
| 9. | Assist patient to dress. | ___ | ___ |
| 10. | Assist patient to dangling position. (Follow procedure). | ___ | ___ |
| 11. | Assist patient to standing position: instruct patient to place hands on your shoulders while you grasp patient around waist. Assist patient to standing position as you push up with leg muscles. | ___ | ___ |
| | Continue to hold patient around waistline. | ___ | ___ |
| 12. | Instruct patient to turn (pivot) and move back until legs touch chair. | ___ | ___ |
| 13. | Assist patient to sit in chair: instruct patient to grasp arms of wheelchair/chair with hands and to lower into chair. You bend knees, keep back straight, and lower body as you continue to grasp patient around the waist. | ___ | ___ |
| 14. | Assist patient to adjust position in chair. | ___ | ___ |
| 15. | Cover patient with blanket: move footrests of wheelchair to proper position for patient's feet. | ___ | ___ |
| 16. | Check patient's pulse. | ___ | ___ |
| 17. | Transport patient to place in desired location | | |
| 18. | Apply support to maintain posture and prevent injury. | ___ | ___ |
| 19. | Reverse procedure to return patient to bed. | ___ | ___ |
| 20. | Report observations and procedure. | ___ | ___ |
| 21. | Wash your hands. | ___ | ___ |

Comments:

Satisfactory Demonstration: ___ ___

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6

Checklist for Transferring A Patient Using a Mechanical Lift

Equipment:

Mechanical life with attachments

| | | Yes | No |
|---|---|---|---|
| 1. | Assemble your equipment, check all parts for repair. | — | — |
| 2. | Wash your hands. | — | — |
| 3. | Explain procedure to resident, demonstrate how equipment works if this is the first time for resident. Repeat explanation as you proceed. | — | — |
| 4. | Obtain a second nurse to help. | — | — |
| 5. | Provide privacy. | — | — |
| 6. | Provide confidence and reassurance as needed. | — | — |
| 7. | Lock wheels of bed. Lock wheels of lift. | — | — |
| 8. | Position lift at side of bed; open base to widest point. Move overhead bar over resident; place canvas seat under resident, or place pieces of lift to go under resident according to type of lift. | — | — |
| 9. | Hook seat piece(s) to appropriate hooks, and hook up to overhead lift. *Make sure that sides are equal.* | — | — |
| 10. | Close the valve on the lift and gradually pump up the lift. | — | — |
| 11. | Second nurse uses hands to guide the lifting of the resident. | — | — |
| 12. | Lift resident off bed slightly. Check all connections. Slowly move the lift over the chair to receive resident. Second nurse guides the action and stays close to resident, giving support to the resident's feet. Guide resident into chair. | — | — |
| 13. | Remove hooks from the canvas seat carefully. Leave the canvas seat in place on chair under resident. | — | — |
| 14. | Arrange resident in alignment. Assure comfort. | — | — |
| 15. | Remove equipment until needed to transport resident back to bed. Wash hands. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 6

Checklist for Moving a Patient to a Stretcher

Equipment:

Stretcher
Bottom sheet
Top sheet
Blanket

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify patient and explain procedure. | — | — |
| 3. | Open top sheet on stretcher. | — | — |
| 4. | Position stretcher parallel to bed. | — | — |
| 5. | Lock wheels. | — | — |
| 6. | Put bed in high position, same height as stretcher if possible. | — | — |
| 7. | Drape patient with blanket. | — | — |
| 8. | Fan-fold top bed linen to foot of bed. | — | — |
| 9. | If patient is able to help, have him/her slide onto stretcher (keep patient draped); assist as necessary beginning with head area. | — | — |
| 10. | If patient is unable to help, get assistance and use lifting (or turning) sheet or 3-person carry. | — | — |
| 11. | Cover patient with sheet and blanket. | — | — |
| 12. | Fasten safety straps. | — | — |
| 13. | Raise side rails if they are on stretcher. | — | — |
| 14. | Reverse procedure for transferring patient from stretcher back to bed. | — | — |

Transporting by Stretcher:

| | | | |
|---|---|---|---|
| 1. | Always stand at head end and push from there so feet move first. | — | — |
| 2. | Upon entering an elevator, push stretcher in with patient's feet first; when leaving, pull out stretcher with patient's head first, then turn. | — | — |
| 3. | Do not go too fast down long halls, watch corners carefully for other "traffic". | — | — |
| 4. | Always stay to your right in a hallway. | — | — |

Three-person Lift:

| | | | |
|---|---|---|---|
| 1. | Explain procedure to patient. | — | — |
| 2. | Obtain assistance of 2 other nursing care persons and instruct them. | — | — |
| 3. | Open top sheet on stretcher. | — | — |

| | | Yes | No |
|---|---|---|---|
| 4. | Position stretcher at right angle to bed with with head end of stretcher next to foot end of bed. | — | — |
| 5. | Lock stretcher wheels. | — | — |
| 6. | Put bed in highest position. | — | — |
| 7. | Drape patient with blanket. | — | — |
| 8. | Fan-fold top linen to foot of bed. | — | — |
| 9. | Nursing care persons move to bed and place arms under assigned areas:<br>First person - head and shoulders<br>Middle person - small of back just below buttocks<br>Third person - thighs and calves. | — | — |
| 10. | On the count of 3, all at the same time, pull the patient to the edge of bed; then on count of 3, all at the same time, roll patient toward nursing care person and lift, keeping patient's body level. | — | — |
| 11. | When ready, all walk and pivot together to stretcher. | — | — |
| 12. | Simultaneously, lay patient down on edge of cart; then on count of 3, all at the same time, move patient to center of cart. | — | — |
| 13. | All steps must be done together and in rhythm to give patient a feeling of security. | — | — |
| 14. | Cover patient with blanket and sheet. | — | — |
| 15. | Fasten safety straps. | — | — |
| 16. | Raise side rails. | — | — |

Comments:

Satisfactory Demonstration: — —

_____ _____

Student Signature Evaluator's Signature

Learner's Name

Date

UNIT 7: SUBUNIT A
Checklist for Giving Indwelling Catheter Care

Equipment:
Basin with warm water, Mild soap, Washcloths,
Towel, Disposable gloves, Disposable bed protector

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | ___ | ___ |
| 2. | Identify patient and explain procedure. | ___ | ___ |
| 3. | Provide privacy. | ___ | ___ |
| 4. | Raise bed to a comfortable working position. | ___ | ___ |
| 5. | Make sure there is plenty of light. Observe for crusting, lesions, or any abnormal signs. | ___ | ___ |
| 6. | Cover the patient with a bath blanket. Fan-fold the top sheets to the foot of the bed. Have the patient covered with only the blanket. | ___ | ___ |
| 7. | Place the disposable bed protector under the patient's buttocks. | ___ | ___ |
| 8. | Put on the disposable gloves. | ___ | ___ |
| 9. | Moisten the washcloth with water and mild soap. With your gloved thumb and forefinger (index finger), gently separate the labia on female patients. If the male patient has a foreskin, gently pull it back to apply soap and water to the entire area in a circular motion. Apply soap and water to the entire area where the catheter enters the patient's body. On females, cleansing should be front to back. Rinse all areas with clear water and dry. | ___ | ___ |
| 10. | Apply soap and water to the four inches of the tube closest to the patient. Rinse all areas with clear water. | ___ | ___ |
| 11. | Apply soap and water where the tube is inserted. Rinse with clear water. Towel dry all areas. | ___ | ___ |
| 12. | Check the tape to be sure the tubing is taped correctly in place. | ___ | ___ |
| 13. | Cover patient with top sheet. Remove the bath blanket. | ___ | ___ |
| 14. | Make the patient comfortable. | ___ | ___ |
| 15. | Lower the bed to a position of safety for the patient. | ___ | ___ |
| 16. | Unscreen patient. | ___ | ___ |
| 17. | Raise the side rails. | ___ | ___ |
| 18. | Place the call light within easy reach of the patient. | ___ | ___ |

| | | Yes | No |
|---|---|---|---|
| 19. | Remove the disposable bed protector. | ___ | ___ |
| 20. | Discard gloves, clean patient's area and equipment. | ___ | ___ |
| 21. | Wash your hands. | ___ | ___ |
| 22. | Report and record observations and procedures. | ___ | ___ |

Comments:

Satisfactory Demonstration: ___ ___

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 7: SUBUNIT B

Checklist for Administering the Cleansing Enema

Equipment:

| | |
|---|---|
| Disposable enema Kit | Bedpan and cover |
| (enema container, tubing, clamp) | Toilet tissue |
| Lubricating jelly | Disposable pad |
| Bath thermometer | Bath blanket |
| Solution as instructed | Pitcher |

Disposable gloves (may be needed for patients requiring assistance with self-cleaning)

| | | Yes | No |
|---|---|---|---|
| 1. | Assemble equipment. | — | — |
| 2. | Wash your hands. | — | — |
| 3. | Identify patient. | — | — |
| 4. | Explain procedure. | — | — |
| 5. | Provide for privacy. | — | — |
| 6. | Cover patient with bath blanket. Fan-fold top covers to foot of bed. | — | — |
| 7. | Place bed protector under patient. | — | — |
| 8. | Position patient in left Sims' position. | — | — |
| 9. | Fill graduated pitcher with 1000cc water at 105 o F (40.5 o C) and pour into container; add soap/salt, etc., if ordered. | — | — |
| 10. | Open clamp on tubing and allow solution to run through tubing into bedpan; close clamp. | — | — |
| 11. | Lubricate end of tube. Put on gloves if needed. | — | — |
| 12. | Expose patient's buttocks; raise upper buttocks exposing anal area; insert enema tip 2-4 inches through anus into rectum. Ask patient to take deep breath at time of insertion. | — | — |
| 13. | Release clamp; hold enema container 12 inches above anus or 18 inches above mattress. | — | — |
| 14. | Tell patient to take slow, deep breaths explaining this will help relieve cramps. | — | — |
| 15. | After most of the solution flows into the patient's rectum, close the clamp; slowly withdraw the rectal tubing; wrap the tip and place tubing into enema container. | — | — |
| 16. | Help patient onto bedpan; raise head of bed if allowed; place tissue within reach. (Assist to bathroom or assist with patient cleaning). | — | — |
| 17. | Empty, clean, and put away bedpan. Remove gloves if used. | — | — |
| 18. | Dispose of enema equipment. | — | — |
| 19. | Wash your hands. | — | — |

| | | Yes | No |
|---|---|---|---|
| 20. | Report results of enema including: time enema given; type of solution used; color consistency, amount of stool; flatus expelled, unusual material noted; whether or not specimen obtained; how patient tolerated the procedure. | — | — |

NOTE: Use variation of this procedure for Fleets enema.

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 7: SUBUNIT B
Checklist for Caring for an Established Ostomy:
Colostomy/Ileostomy

Equipment:

Bedpan, toilet tissue, disposable bed protector, basin of water at 115 o F (46.1 o C), bath blanket, soap or cleanser as ordered by head nurse or team leader, large emesis basin, clean ostomy belt (ostomy appliance) adjustable, disposable washcloth, disposable gloves, clean stoma bag, towels, lubricant or skin cream as ordered

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify patient and explain procedure. | — | — |
| 3. | Provide privacy. | — | — |
| 4. | Raise the bed to a comfortable working position. | — | — |
| 5. | Cover the patient with the bath blanket. Ask the patient to hold the top edge of the blanket. Without exposing him/her, fan-fold the top sheet and bedspread to the foot of the bed under the blanket. | — | — |
| 6. | Place the disposable bed protector under the patient's hips. This is to keep the bed from getting wet or dirty. | — | — |
| 7. | Place the bedpan and emesis basin within easy reach. | — | — |
| 8. | Fill the wash basin half full with water at 115 degrees F (46.1 degrees C). Have soap or cleanser as ordered, disposable washcloth, and bath towels on the bedside table. Put on the disposable gloves. | — | — |
| 9. | Remove the soiled plastic stoma bag from the belt. | — | — |
| 10. | Open the belt. Protect it if it is clean and can be used again. If the belt is dirty, remove it. It will have to be replaced with a clean one. | — | — |
| 11. | Put the soiled plastic bag into the bedpan. Wipe the area around the ostomy with toilet tissue. This is to remove any loose feces. Place the dirty tissue in the bedpan or emesis basin. | — | — |
| 12. | Wet and soap the washcloth. Wash the entire ostomy area with a gentle circular motion from cleanest to dirtiest. | — | — |
| 13. | Rinse the entire area very well. Be careful not to leave any soap on the skin. (Soap has a drying effect and may irritate the skin). | — | — |
| 14. | Dry the area gently with a bath towel. | — | — |

| | | Yes | No |
|---|---|---|---|
| 15. | Apply a small amount of lubricant (if ordered) around the area of the ostomy. The lubricant is to prevent irritation to the skin around the ostomy. Wipe off all excess lubricant so the ostomy device will adhere to the skin. | — | — |
| 16. | Put a clean adjustable belt on the patient. Place a clean stoma bag in place through the loop. | — | — |
| 17. | Remove the disposable bed protector. Change any damp linen. Remove gloves and discard. | — | — |
| 18. | Replace the top sheet and bedspread and remove the bath blanket. | — | — |
| 19. | Make the patient comfortable. | — | — |
| 20. | Lower the bed to a position of safety for the patient. | — | — |
| 21. | Unscreen patient. | — | — |
| 22. | Raise the side rails where ordered. | — | — |
| 23. | Place the call light within easy reach of the patient. | — | — |
| 24. | Remove all used equipment. Dispose of waste material in the large hopper or into the toilet. | — | — |
| 25. | Discard disposable equipment. | — | — |
| 26. | Clean the bedpan and restore. | — | — |
| 27. | Empty the wash basin. Wash it thoroughly with soap and water. Rinse and restore. | — | — |
| 28. | wash your hands. | — | — |
| 29. | Report and record observations and procedure. Note amount of drainage, consistency of excretions, color and appearance of the stoma and ostomy area, how the patient tolerated the procedure, and anything unusual. | — | — |

Comments:

Satisfactory Demonstration: — —

_____ _____

Student Signature Evaluator's Signature

Learner's Name

Date

UNIT 8: SUBUNIT A

Checklist for Collecting a Routine Urine Specimen

Equipment:

Patient's bedpan and cover or urinal or specipan
Graduate used for measuring output
Urine specimen container and lid
Label, if your institution's procedure is not to write on the lid
Laboratory requisition/request slip, which should be filled out by responsible person
Disposable gloves, optional--use if contact with urine is unavoidable

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | ___ | ___ |
| 2. | Identify patient and explain procedure. | ___ | ___ |
| 3. | Provide privacy. | ___ | ___ |
| 4. | Have patient void into urinal/bedpan. | ___ | ___ |
| 5. | Ask the patient not to put toilet tissue into the bedpan or specipan but to use the plastic lined wastebasket temporarily. | ___ | ___ |
| 6. | Prepare the label immediately by copying all necessary information from the patient's identification. Record the time and date. | ___ | ___ |
| 7. | Take the bedpan, or urinal, to the patient's bathroom or the "dirty" utility room. Put on gloves as needed. | ___ | ___ |
| 8. | Pour the urine into a clean graduated container. | ___ | ___ |
| 9. | If the patient is on output, note the amount of the urine and record it on the intake and output sheet. | ___ | ___ |
| 10. | Pour urine from the graduate into a specimen container and fill it three-fourths full, if possible. | ___ | ___ |
| 11. | Put the lid on the specimen container. Place the correct label on the container for the correct patient. | ___ | ___ |
| 12. | Pour the leftover urine into the toilet or hopper. | ___ | ___ |
| 13. | Clean and rinse out graduate. Put it in its proper place. | ___ | ___ |
| 14. | Clean the bedpan or urinal and put it in its proper place. Remove gloves if used. | ___ | ___ |
| 15. | Make the patient comfortable. (If patient collected specimen, provide handwashing). Unscreen patient. | ___ | ___ |
| 16. | Lower the bed to a position of safety for the patient. | ___ | ___ |
| 17. | Raise the side rails where ordered. | | |

| | | Yes | No |
|---|---|---|---|
| 18. | Place call light within easy reach of the patient. | — | — |
| 19. | Wash your hands. | — | — |
| 20. | Send or take the labeled specimen container to the laboratory with a requisition or laboratory request slip. | — | — |
| 21. | Report and record observations. Note specimen collected and time. Report anything unusual. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 8: SUBUNIT A

Checklist for Collecting a Midstream Clean-Catch Urine Specimen

Equipment:

Completely filled out laboratory slip
Disposable gloves, use if contact with urine is unavoidable
Patient's bedpan or urinal
Disposable collection kit

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2 | Identify patient and explain procedure. | — | — |
| 3. | Provide privacy. | — | — |
| 4. | Instruct female patient: | | |
| | a. To remove towelettes from kit. | — | — |
| | b. Separate folds of labia and wipe with towelette from front to back using one towelette each side and third one down center of labia. | — | — |
| 5. | Instruct male patient: | | |
| | a. To remove towelettes from kit. | — | — |
| | b. Pull foreskin back from penis. | — | — |
| | c. Use circular motion around penis in cleaning with towelettes, using one at a time, dispose after each use. | — | — |
| 6. | Provide patient with labeled container. | — | — |
| 7. | Have patient urinate and then stop. | — | — |
| 8. | Have patient urinate again; collecting urine in container. | — | — |
| 9. | Instruct patient not to touch inside of container and to put top on container immediately after collecting specimen. | — | — |
| 10. | Have patient wash hands. Assure comfort. | — | — |
| 11. | Take container with specimen and laboratory slip to designated place or to the laboratory. | — | — |
| 12. | Wash your hands. | — | — |
| 13. | Report and record observations and procedure. | — | — |
| | Note anything unusual. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 8: SUBUNIT B
Checklist for Collecting a Stool Specimen

Equipment:

Patient's bedpan and cover, toilet tissue, stool specimen container - labeled, wooden tongue depressor, disposable plastic bag, laboratory request slip filled out, plastic bag for warm specimen, if used by your institution, disposable gloves should be used if contact with stool is likely

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify patient and explain procedure. | — | — |
| 3. | Provide privacy. | — | — |
| 4. | Provide bedpan for patient. | — | — |
| 5. | Instruct patient not to put toilet tissue into pan or urinate in bedpan. | — | — |
| 6. | After patient has had bowel movement, assist him/her off bedpan; provide toilet tissue for disposal in disposable plastic bag. | — | — |
| 7. | Have patient wash hands. Provide comfort and safety. | — | — |
| 8. | Take covered bedpan to bathroom/utility room. Use tongue depressor to remove about 2 tablespoons of feces and place in specimen container. | — | — |
| 9. | Cover container immediately without touching inside of container or cover. | — | — |
| 10. | Wrap tongue depressor in toilet tissue and discard. | — | — |
| 11. | Empty bedpan as usual, clean and return to patient's bedside table. | — | — |
| 12. | Wash your hands. | — | — |
| 13. | Take specimen container and laboratory request to the laboratory or as designated in your facility. | — | — |
| 14. | Report and record observations and procedure. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 8: SUBUNIT B

Checklist for Collecting a Stool Specimen for Occult Blood: Preparing the Hemoccult Slide

Equipment:

Bedpan and cover, toilet tissue, disposable plastic container, hemoccult slide-labeled, tongue blade (depressor), laboratory request slip filled out, disposable gloves should be used if contact with stool is likely

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify patient and explain procedure. | — | — |
| 3. | Have patient use bedpan for collecting stool specimen. | — | — |
| 4. | Instruct as for stool specimen collection. | — | — |
| 5. | Have patient wash hands. Provide for comfort and safety. | — | — |
| 6. | Take bedpan to bathroom/utility room. Collect a small amount of stool on tongue depressor and place on small box labeled "All on hemoccult slide. | — | — |
| 7. | Repeat #6 and place specimen on box labeled "B". | — | — |
| 8. | Dispose of tongue depressor in disposable plastic container. | — | — |
| 9. | Close both covers;cover boxes A and B. | — | — |
| 10. | Clean bedpan. Wash your hands. Return bedpan to patient's unit. | — | — |
| 11. | Take slide and request slip to designated area or to laboratory. | — | — |
| 12. | Report and record observation and procedure. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 9

Checklist for Applying an Ice Bag (Collar)

Equipment:

Ice bag, collar or cup, crushed ice or ice chips, flannel protective covering, paper towels

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify patient and explain procedure. | — | — |
| 3. | Provide privacy. | — | — |
| 4. | Fill the ice bag with water, put the stopper in place, turn it upside down to check for leaks. | — | — |
| 5. | Empty the bag. | — | — |
| 6. | Fill the bag one-half to two-thirds full with the crushed ice or ice chips. | — | — |
| 7. | Press the bag against a firm surface or bend, twist, or squeeze the bag to remove excess air. | — | — |
| 8. | Place the cap or stopper on securely. | — | — |
| 9. | Dry the bag with the paper towels. | — | — |
| 10. | Place the bag in the flannel protector covering. | — | — |
| 11. | Apply the ice bag to the area designated by the nurse. | — | — |
| 12. | Make sure the signal light is within the patient's reach. | — | — |
| 13. | Check the skin every 10 minutes. Check for blisters, pale white or gray skin, cyanosis, shivering, and for patient complaints of numbness, pain or burning. Remove the bag if any of these occur and report your observations to the nurse immediately. | — | — |
| 14. | Remove the bag after 30 minutes or after time ordered. | — | — |
| 15. | Clean equipment. Discard the flannel protective covering with dirty linen. Make sure the patient is comfortable, unscreened, and the signal light is within patient's reach. | — | — |
| 16. | Wash your hands. | — | — |
| 17. | Report and record: the time and length of application, site, patient's response, and observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 9

Checklist for Applying a Warm Water Bottle

Equipment:

Hot water bottle, flannel protective covering, bath thermometer, water pitcher, paper towels

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify patient and explain procedure. | — | — |
| 3. | Provide privacy. | — | — |
| 4. | Check the hot water bottle for leaks. Fill the appliance with hot tap water. Screw the stopper in tightly and turn the bottle upside down. Empty the bottle. | — | — |
| 5. | Fill the water pitcher with tap water. Measure the temperature of the water as follows: 105 o F (40.5 o to 46.1 o C) for infants. | — | — |
| 6. | 115 o to 125 o F (46.1 o to 51.6 o C) for older children and adults. | — | — |
| 7. | Pour water into the bottle so that it is two-thirds full. | — | — |
| 8. | Expel air from the hot water bottle by bending, twisting, or squeezing the top part of the bag. | — | — |
| 9. | Screw the stopper in tightly. | — | — |
| 10. | Dry the outside of the appliance with paper towels. | — | — |
| 11. | Place the hot water bottle in the flannel covering. | — | — |
| 12. | Apply the hot water bottle to the specified body part and note the time of the application. | — | — |
| 13. | Make sure the patient is comfortable and the signa light is within reach. | — | — |
| 14. | Check the site of application every 5 minutes. | — | — |
| 15. | Check for swelling, redness, blisters, or patient complaints of pain, discomfort, or decreased sensation. Remove the hot water bottle if any of these occur and report your observations to the nurse immediately. | — | — |
| 16. | Remove the hot water bottle in 20 to 30 minutes, or as ordered, and observe the site of application for unusual signs. | — | — |
| 17. | Make sure the patient is comfortable, unscreened, and the signal light is within reach. | — | — |

| | | Yes | No |
|---|---|---|---|
| 18. | Remove the flannel protector covering and empty the hot water bottle. Clean the appliance according to institutional policy and discard the cover in the "dirty" utility room. | — | — |
| 19. | Return all other supplies to their proper place. | — | — |
| 20. | Wash your hands. | — | — |
| 21. | Report and record the following to the nurse: the time, site, patient's response and observations. | — | — |

Comments:

Satisfactory Demonstration: — —

_____ _____

Student Signature Evaluator's Signature

Learner's Name

Date

UNIT 9

Checklist for Applying a Heat Lamp

Equipment:

Gooseneck lamp, bath blanket, yardstick or tape measure

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify patient and explain procedure. | — | — |
| 3. | Provide privacy. | — | — |
| 4. | Plug in the lamp and allow it to warm up. | — | — |
| 5. | Cover the patient with a bath blanket and fan-fold top linens to the foot of the bed. | — | — |
| 6. | Expose the body area that is to receive the heat. | — | — |
| 7. | Position the heat lamp so that it is a safe distance from the patient in relation to the bulb wattage. | — | — |
| | Use the following guidelines for distance: | | |
| | a. 25 watt bulb -- 14 inches. | — | — |
| | b. 40 watt bulb -- 18 inches. | — | — |
| | c. 60 watt bulb -- 24 inches. | — | — |
| | Note the time of application. | — | — |
| 8. | Measure the distance from the lap to the patient using the tape measure or yardstick. | — | — |
| 9. | Check the patient every 5 minutes. Check for redness or blistering of the skin and for patient complaint of pain, burning, or decreased sensation. | — | — |
| | Discontinue treatment if complications occur, and report your observations to the nurse immediately. | — | — |
| 10. | Make sure all body parts that are not to be treated are covered. | — | — |
| 11. | Remove the lamp after 20 or 30 minutes/as ordered. | — | — |
| 12. | Return top linens to their proper position and remove the bath blanket. | — | — |
| 13. | Make sure the patient is in a comfortable position the signal light is within reach, and the patient is unscreened. | — | — |
| 14. | Clean the lamp according to institutional policy & return it & other supplies to their location. | — | — |
| 15. | Wash your hands. | — | — |
| 16. | Report & record: the time the treatment started & ended, site, bulb wattage & the distance, patient's response, & observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 10: SUBUNIT A
Checklist for Reality Orientation (RO)

Equipment:

Calendars with large days and numbers
Clocks with large numbers
Reality board: Giving date, day, weather, holiday, etc.
Name tags on staff

| | | Yes | No |
|---|---|---|---|
| 1. | Face confused person & speak slowly & clearly. | — | — |
| 2. | Call person by name with each contact. Use the name he or she prefers. | — | — |
| 3. | State your name with each contact with person. Wear name tag. | — | — |
| 4. | State the day, date, and time during the day as appropriate. | — | — |
| 5. | Explain what you are going to do and why. | — | — |
| 6. | Give directions which are short and simple. | — | — |
| 7. | Refer to the clocks and calendars as appropriate. | — | — |
| 8. | Encourage the use & presence of familiar articles. | — | — |
| 9. | Discuss current events. | — | — |
| 10. | Encourage use of hearing aids & eye glasses. Check to see if these items are of benefit when used. | — | — |
| 11. | Use touch in communicating when appropriate. | — | — |
| 12. | Be consistent, provide calm atmosphere, and try to reduce number of staff who have contact with confused person. | — | — |
| 13. | Maintain routines which reflect times of day; involve person in self-care as much as possible. | — | — |
| 14. | Maintain a familiar environment; do not rearrange furniture. | — | — |
| 15. | Observe person's activities & provide for safety. | — | — |
| 16. | Report and record person's progress with use of RO. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 10: SUBUNIT B
Checklist for Levels of Consciousness

**Levels of Consciousness.** The following classification of *levels of consciousness* applies to altered consciousness from any cause, including increased intracranial pressure; cerebral vascular accident; edema; effect of a drug, such as alcohol; anesthesia; fever; and disorders of brain physiology that may be brought about by such deviations as hypoxia and hypoglycemia.

| | Yes | No |
|---|---|---|
| ALERT WAKEFULNESS. The patient responds immediately, fully, and appropriately to visual, auditory, and other stimulation. | — | — |
| SOMNOLENCE OR LETHARGY. This is a state of drowsiness in which responses to stimulation are delayed or incomplete and in which increased stimulation, usually by verbal or manipulative means, is necessary to get the patient to respond. He may be delirious and restless, or quiet, falling asleep again when left alone. Although he can answer questions, he may be confused. | — | — |
| STUPOR. The patient can be aroused only by vigorous and continuing stimulation, usually by manipulation or perhaps by strong auditory or visual stimuli. Such stimulation may arouse him enough to answer simple questions with one or two words, or his response may be only restless motor activity or purposeful behavior directed toward avoiding further stimulation. | — | — |
| SEMICOMA. The patient is unresponsive except to superficial, relatively mild painful stimuli to which he makes some purposeful motor-avoiding response. Spontaneous motion is uncommon, but the patient may groan or mutter. | — | — |
| COMA. The patient is unresponsive to all but very painful stimuli to which he may make fragmentary, delayed reflex withdrawal or, in deeper stages, may lose all responsiveness. There is no spontaneous movement and respirations may be irregular. | — | — |
| Comments: | | |
| Satisfactory Demonstration: | — | — |

Student Signature

Evaluator's Signature

Source: Smith, D.W. & Germain, C.P., (1975), Care of the Adult Patient, 4th Ed., Philadelphia, PA: J.B. Lippincott, p. 336.

Learner's Name

Date

UNIT 10: SUBUNIT B
Checklist for a Patient Having a Seizure

| | | Yes | No |
|---|---|---|---|
| 1. | Call for help. Position patient in a safe and comfortable position. Turn head to side. | — | — |
| 2. | Protect patient from injury. | — | — |
| 3. | Loosen tight clothing. | — | — |
| 4. | Stay with patient until seizure stops. | — | — |
| 5. | Provide for rest of patient: return to bed with assistance. | — | — |
| 6. | Observe closely: note area of body where seizure started; observe breathing; watch for vomiting - turn head to side. | — | — |
| 7. | Report and record observations: emotional status as well as physical, length of time of seizure, where in body it started, skin color, breathing, incontinence, and any vomiting. | — | — |

NOTE: Do not place blunt object into patient's mouth. Be sure patient can breathe normally.

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 10: SUBUNIT C

Checklist for Testing Urine for Sugar and Acetone (OPTIONAL)

Equipment:

Washcloth, Clinitest kit (test tube, reagent table, medicine dropper, test tube holder, color chart), paper towels, medicine cup (2) with water, fresh urine specimen from patient, acetone reagent tablet, color chart

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Place paper towels over working area. | — | — |
| 3. | Arrange the urine specimen, Clinitest equipment, and the medicine cups on the paper towels. | — | — |
| 4. | Place the clean test tube in the test tube holder. | — | — |
| 5. | Rinse the medicine dropper with water from one of the medicine cups. | — | — |
| 6. | Draw urine into the medicine dropper keeping it in an upright position. | — | — |
| 7. | Place five drops of urine in the test tube. | — | — |
| 8. | Rinse the medicine dropper in the medicine cup used previously for rinsing. Discard the medicine cup. | — | — |
| 9. | Draw water into the medicine dropper from the water in the other medicine cup. | — | — |
| 10. | Add 10 drops of water to the test tube. | — | — |
| 11. | Drop one reagent tablet into the test tube: | | |
| | a. Open the bottle. | — | — |
| | b. Hold the bottle in one hand and the bottle cap in the other. | — | — |
| | c. Tap the bottle gently so that a tablet falls into the bottle cap. | — | — |
| | d. Drop the tablet in the bottle cap into the test tube. | — | — |
| | e. Put the bottle cap tightly on the bottle. | — | — |
| | f. Do not let the tablet touch your skin, eyes, mucous membranes, or clothing because burns and damage may result. | — | — |
| 12. | Watch the boiling reaction. Do not shake or touch the test tube & keep the tube away from your eyes. | — | — |
| 13. | Wait 15 seconds after the boiling has stopped and then shake the tube gently. | — | — |
| 14. | Compare the liquid in the test tube with the color chart provided in the kit. | — | — |
| 15. | Read the number corresponding with the color that matches the color of the liquid in the test tube. | — | — |

| | | Yes | No |
|---|---|---|---|
| 16. | Discard the contents of the test tube and the urine specimen. | — | — |
| 17. | Clean the test tube and medicine dropper and place them in the kit. The test tube should be placed upside down in the kit. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 10: SUBUNIT C

Checklist for Finger Stick for Monitoring of Blood Glucose

Equipment:

Alcohol swabs, Reagent strip (pad), pen, paper, Sterile Lancet, Glucose monitoring equipment, disposable bag, bandaid, rubber gloves

| | | Yes | No |
|---|---|---|---|
| 1. | Wash your hands. | — | — |
| 2. | Identify patient and explain procedure. | — | — |
| 3. | Inform patient the lancet will sting momentarily. It will feel like a pin prick. | — | — |
| 4. | Provide privacy. | — | — |
| 5. | Instruct patient to be comfortable, sitting down & with hand & arm resting on a clean, dry surface. | — | — |
| 6. | Put on gloves. Select middle finger of one hand. Wipe with alcohol swab. Discard swab into disposable bag. | — | — |
| 7. | Expose lancet without touching the puncture point. | — | — |
| 8. | Place reagent strip or pad under patient's finger. | — | — |
| 9. | Puncture finger on the side; let finger hang over strip until a full drop appears. | — | — |
| 10. | Bring finger to the reagent strip (pad) and fill designated spot on strip with blood. (see picture next page). | — | — |
| 11. | Complete the test according to directions come with equipment used in the facility. Record results. | — | — |
| 12. | Wipe patient's finger with alcohol swab. Apply band-aid if necessary. Remove rubber gloves and dispose of them. | — | — |
| 13. | Assure patient's comfort and safety. | — | — |
| 14. | Clean up equipment and restore or dispose accordingly. | — | — |
| 15. | Wash your hands. | — | — |
| 16. | Report and record results and observations. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Obtain the blood by pricking a convenient side of the fingertip, so that the blood droplet can hang down. Do not try to "build up" the drop with the puncture pointing upward; let gravity help obtain a large, hanging drop.

Bring the finger down toward the reagent pad so the blood is transferred to the pad in a single, smooth motion. Always have the reagent pad facing upward so the blood will "drop" onto the pad. Do not smear blood onto the pad.

The entire central area of the pad must be covered so that the meter can accurately read the reacted reagent pad. The very outside corners need not be covered, but all four sides should be, as shown below:

Good Coverage

Inadequate Coverage

Source: Lifescan Inc. Technical Bulletin, Number 216A, January, 1985

Learner's Name

Date

UNIT 10: SUBUNIT E
Checklist for Applying Anti-embolic Stockings (T.E.D.)

| | | Yes | No |
|---|---|---|---|
| 1. | Identify patient and explain procedure. | — | — |
| 2. | Wash hands. | — | — |
| 3. | Have patient lying in bed with legs elevated or level with pelvis. | — | — |
| 4. | Grasp stockings from top and roll down (or bunch them) to ankle. | — | — |
| 5. | Support foot (can use your body for support). | — | — |
| 6. | Slide stocking over foot to ankle. | — | — |
| 7. | Regrasp remaining portion of stocking and in one smooth motion pull stockings up to knee. | — | — |
| 8. | Release gently; do not snap. | — | — |
| 9. | Check to be sure stockings are smooth and wrinkle-free; toes are uncovered or easily accessible/visible. | — | — |
| 10. | Determine when stockings should be removed and return to remove. | — | — |
| 11. | Assure that patient is comfortable and tolerant of stockings. | — | — |
| 12. | Report and record observations as necessary. | — | — |
| 13. | Wash hands. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 10: SUBUNIT F
Checklist For A Patient In Traction

Caution:Nursing assistants are not to move patients in traction or any equipment without permission and/or supervision.

| | | Yes | No |
|---|---|---|---|
| 1. | Provide for resident's comfort - assess presence of pain; and report immediately. | — | — |
| 2. | Check weights and pulleys for correct weight in place. | — | — |
| 3. | Check the ropes for freedom from obstruction. Weights should hang free without touching bedclothes, bed, etc.; no kinks or knots in ropes. | — | — |
| 4. | Line of traction is straight, resident's limb in alignment with remainder of body. | — | — |
| 5. | Check resident's skin for pressure areas: a. where traction is applied, b. over bony surfaces - elbows, heels, sacrum, shoulders, etc. Apply protective lotions to bony surfaces and massage areas well. | — | — |
| 6. | Maintain level position; head flat, unless ordered differently. | — | — |
| 7. | Check orders for exercises to maintain strength in unaffected limbs, in deep breathing, in coughing, and have resident do as ordered. | — | — |
| 8. | Monitor diet and eliminations - avoid constipation. | — | — |
| 9. | Encourage liquids, monitor I & O. | — | — |
| 10. | Provide diversional activities; prevent boredom. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

## UNIT 10: SUBUNIT F
### Checklist For Care Of a Patient in A Cast

Caution: Nursing assistants are not to move patients in casts without permission and/or supervision.

| When The Cast Is Wet | | Yes | No |
|---|---|---|---|
| 1. | Touch the cast as little as possible but only with the palms of the hand, not the fingers. | — | — |
| 2. | Elevate the casted limb on several plastic covered pillows (follow orders)-for reduction of swelling which occurs in a recently injured limb. (Limb should be above level of the heart when patient is lying down). | — | — |
| 3. | Turn patient at least every 2 hours to allow cast to dry evenly on all sides. Have help in the move. | — | — |
| 4. | Have resident assist if arms are free and bed is equipped with a trapeze. Patient can help lift body with use of the trapeze. | — | — |
| 5. | Keep patient covered but limb exposed to the air. | — | — |
| 6. | Provide privacy, as needed, of body parts which might be exposed. | — | — |
| 7. | Offer emotional support and reassurance as needed. | — | — |
| 8. | Check for pain and report immediately. | — | — |
| 9. | Observe extremities for any change if patient has arm or leg cast. Observe skin for color, temperature, tingling sensation or complaints of numbness, lack of movement of toes or fingers-whatever is appropriate. | — | — |
| 10. | Observe for any color changes in cast if there is an area where bleeding might occur, circle area on cast with marker and report immediately. | — | — |

| When Cast Is Dry | | | |
|---|---|---|---|
| 1. | Continue to observe for color changes in cast; for temperature and color of extremity; for complaints of numbness, tingling, pain. Report immediately. | — | — |
| 2. | Check for pressure areas and burning sensation under the cast. | — | — |
| 3. | Observe for odors coming from cast-foul odor may mean infection. | — | — |
| 4. | Keep skin clean and lubricated. Maintain body alignment. | — | — |
| 5. | Protect edges of the cast from irritating skin. | — | — |
| 6. | Protect perineal areas of body casts by covering with plastic and changing plastic often. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 10: SUBUNIT F

Checklist For Making The Bed Of A Patient In Traction Or Heavy Body Cast

(A Variation: top to bottom)

Caution: Nursing assistants are not to move patients in casts without permission and/or supervision.

Equipment: Bed with trapeze Bed linen

| | | Yes | No |
|---|---|---|---|
| 1. | Wash hands. | — | — |
| 2. | Prepare a bed roll: place bottom sheet and drawsheets on clean area. Spread out bottom sheet, place clean drawsheets (linen and plastic, if used) on top of bottom sheet so they are about 14 inches from the top. Smooth out and be sure the drawsheets are evenly distributed across the bottom sheet. Roll bottom sheet, starting from the bottom, and working toward the top, enclosing the drawsheet(s), and leaving top of bottom sheet free; take to bedside with other linen. | — | — |
| 3. | Get assistance. | — | — |
| 4. | Identify patient and explain procedure. | — | — |
| 5. | Provide privacy. | — | — |
| 6. | With assisting person on one side of bed, loosen dirty linen all around bed. Fold back bottom sheets from under patient's head to patient's shoulder. | — | — |
| 7. | Place bedroll at head of bed. Unfold top portion of clean bottom sheet and tuck in under mattress as usual. | — | — |
| 8. | Remove pillow. Instruct patient to grasp trapeze and lift hips, while you and assistant quickly spread clean bottom sheet and drawsheet in place under patient while removing dirty sheets, pushing them to foot of bed as you spread clean sheets. Tuck clean sheets under mattress and eliminate all wrinkles. It is best to have one person tuck sheets in first; second person can then pull sheets tight. | — | — |
| 9. | Complete bedmaking according to procedure. | — | — |
| 10. | Dispose of dirty linen. | — | — |
| 11. | Assure comfort and alignment of patient. | — | — |
| 12. | Wash hands. | — | — |
| 13. | Report and record observations and procedure. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

Date

UNIT 10: SUBUNIT G
Checklist for Nursing Care of a Dying Person

Equipment:
Basin with water 105 o F, washcloths, towels, clean linen, disposable gloves, oral hygiene kit

| | | Yes | No |
|---|---|---|---|
| 1. | Provide frequent attention to emotional concerns. (loneliness, fear, etc.) | — | — |
| 2. | Provide for spiritual concerns (the spiritual advisor called). | — | — |
| 3. | Maintain privacy. | — | — |
| 4. | Take vital signs frequently. | — | — |
| 5. | Bathe completely, change linens frequently. | — | — |
| 6. | Position patient in a Fowler's position or with head elevated. | — | — |
| 7. | Observe for mucus accumulation in mouth-report need for suctioning immediately. | — | — |
| 8. | Provide oral hygiene frequently. | — | — |
| 9. | Keep absorbent pads under buttocks, change position frequently. | — | — |
| 10. | Provide perineal care as necessary. | — | — |
| 11. | Provide liquids as tolerated; check on I & O. | — | — |
| 12. | Provide well ventilated, bright room | | |
| 13. | Keep environment uncluttered. | — | — |
| 14. | Keep bed rails up at all times. | — | — |
| 15. | Observe oxygen supply-alert nursing staff if supply is low. | — | — |
| 16. | Provide for concerns of family members. | — | — |

Comments:

Satisfactory Demonstration: — —

Student Signature

Evaluator's Signature

Learner's Name

RECORD OF FINAL KNOWLEDGE, DEMONSTRATION AND CLINICAL EXPERIENCE

| Procedure | Satisfactory Performance | | | |
|---|---|---|---|---|
| | Laboratory | Date | Clinical | Date |
| Admission of a New Patient | | | | |
| Ambulation of a Patient | | | | |
| -- walker | | | | |
| -- cane | | | | |
| -- gait belt | | | | |
| -- without belt or aids | | | | |
| -- prevent injury if falls | | | | |
| Answer call Signal | | | | |
| Application of: | | | | |
| -- anti-embolic hose (TED) | | | | |
| -- heat lamp | | | | |
| -- ice bag | | | | |
| -- warm water bottle | | | | |
| -- unsterile moist packs | | | | |
| -- bed devices (No checklists needed) Knowledge of uses and when/how to use | | | | |
| -- bed cradle | | | | |
| -- hand/trochanter rolls | | | | |
| -- heel/elbow protectors | | | | |
| -- footboard | | | | |
| -- special mattress/pads | | | | |
| -- trapeze | | | | |
| safety devices | | | | |
| -- side rails (no checklist needed) | | | | |

Learner's Name

| Procedure | Satisfactory Performance | | | |
|---|---|---|---|---|
| | Laboratory | Date | Clinical | Date |
| safety devices -- restraints | | | | |
| Assist patient | | | | |
| -- to bathroom | | | | |
| -- with commode | | | | |
| Assist with | | | | |
| -- bladder training | | | | |
| -- bowel training | | | | |
| Baths | | | | |
| -- bed bath | | | | |
| -- shower | | | | |
| -- Sitz (Knowledge of) | | | | |
| -- sponge bath, tepid (Knowledge of) | | | | |
| -- sponge bath, alcohol (Knowledge of) | | | | |
| -- tub | | | | |
| Bedmaking | | | | |
| -- occupied bed | | | | |
| -- unoccupied bed | | | | |
| Body mechanics | | | | |
| Care of prosthesis and orthotics (Knowledge of) | | | | |
| -- including hearing aids, breast prothesis | | | | |
| Cast Care | | | | |
| Catheter Care | | | | |
| -- attach leg bag | | | | |
| -- check tubing | | | | |

Learner's Name _____

| Procedure | Satisfactory Performance | | | |
|---|---|---|---|---|
| | Laboratory | Date | Clinical | Date |
| Catheter Care -- pericare | | | | |
| Collect specimen | | | | |
| -- sputum (assist) | | | | |
| -- stool | | | | |
| -- occult blood | | | | |
| -- urine | | | | |
| -- voided | | | | |
| -- midstream | | | | |
| Communications with Patient | | | | |
| -- effective verbal/non-verbal communication | | | | |
| -- effective interpersonal relationships | | | | |
| -- telephone | | | | |
| CPR | | | | |
| Discharge from facility | | | | |
| Elimination | | | | |
| -- Bedpan | | | | |
| -- Urinal | | | | |
| Enemas | | | | |
| -- Cleansing: Soap suds or Fleets | | | | |
| Fire and safety hazards | | | | |
| Isolation/Precautions | | | | |
| -- handwashing | | | | |
| -- universal precautions | | | | |
| -- care of linen (double bagging) | | | | |
| -- care of waste (double bagging) | | | | |

Learner's Name _____

| Procedure | Satisfactory Performance | | | |
|---|---|---|---|---|
| | Laboratory | Date | Clinical | Date |
| Isolation/Precautions -- contaminated equipment | | | | |
| -- serving food | | | | |
| -- gowning | | | | |
| -- gloving | | | | |
| -- masking | | | | |
| Meal Service | | | | |
| -- prepare patient for meals | | | | |
| -- serve meal tray | | | | |
| -- check food/modified diets | | | | |
| -- feeding | | | | |
| -- thumb-controlled syringe | | | | |
| -- calculate and complete oral intake and output record | | | | |
| Measure height and weight | | | | |
| Oral hygiene | | | | |
| -- brushing teeth | | | | |
| -- flossing teeth | | | | |
| -- care of dentures | | | | |
| -- unconscious patient | | | | |
| Ostomy care (established ostomy) | | | | |
| -- change bag | | | | |
| -- skin care | | | | |
| Personal care | | | | |
| -- backrub | | | | |

Learner's Name _____

| Procedure | Satisfactory Performance | | | |
|---|---|---|---|---|
| | Laboratory | Date | Clinical | Date |
| Personal care -- skin care | | | | |
| -- hair care | | | | |
| -- bed shampoo | | | | |
| -- nail care | | | | |
| -- grooming | | | | |
| -- dressing/undressing | | | | |
| -- shave male patient | | | | |
| Positioning | | | | |
| -- dangle | | | | |
| -- move up in bed | | | | |
| -- supine/semi-supine use | | | | |
| -- prone/semi-prone use | | | | |
| -- side-lying/when to avoid | | | | |
| -- Sims | | | | |
| -- Fowlers | | | | |
| Post mortem care | | | | |
| Range of motion (simple) | | | | |
| Restorative care-follow care plan | | | | |
| Record care given using variety of formats | | | | |
| Report | | | | |
| -- abnormal signs/symptoms/changes | | | | |
| -- abuses/violation of rights | | | | |
| -- incidents | | | | |

Learner's Name _____

| Procedure | Satisfactory Performance | | | |
|---|---|---|---|---|
| | Laboratory | Date | Clinical | Date |
| Testing | | | | |
| -- urine for sugar/acetone (optional) | | | | |
| -- finger prick/blood glucose | | | | |
| Traction Care | | | | |
| Transfer | | | | |
| -- bed to and from chair | | | | |
| -- to and from wheelchair | | | | |
| -- to and from stretcher | | | | |
| -- with mechanical lifts | | | | |
| -- one room to another (follow policy) | | | | |
| -- to another facility (follow policy) | | | | |
| Transport | | | | |
| -- by wheelchair | | | | |
| -- by stretcher | | | | |
| Vital signs | | | | |
| -- blood pressure | | | | |
| -- radial pulse | | | | |
| -- apical pulse | | | | |
| -- respirations | | | | |
| -- oral temperature | | | | |
| -- axillary temperature | | | | |
| -- rectal temperature | | | | |
| Unit cleaning (Knowledge of facility policy) | | | | |

Learner's Name _____

| Procedure | Satisfactory Performance | | | |
|---|---|---|---|---|
| | Laboratory | Date | Clinical | Date |
| Use of nursing care plan | | | | |
| Special Care | | | | |
| -- dying patient | | | | |
| -- note level of consciousness | | | | |
| -- note seizures and what to do | | | | |
| -- physical impairment-nursing asst. responses | | | | |
| -- disease specific care-nursing asst. responses | | | | |
| -- reality orientation | | | | |
| -- cognitive impairment-nursing asst. responses | | | | |
| -- safety measures for oxygen | | | | |
| -- patient with tubes | | | | |
| Restoration/Rehabilitation | | | | |
| -- promote patient rights | | | | |
| -- promote patient independence, restoration and rehabilitation | | | | |

# APPENDIX B: TEACHING TOOLS

## TEACHING TIPS FOR ADULT LEARNING

* Start and end on time. Always.
* Use preliminary diagnostic, data collection, and needs analysis techniques.
* Always use warm up and acquaintance exercises to get people talking, learning about and from each other.
* After warm-up, tell the group what is going to happen.
* Be sure the room arrangement is conducive to the activity you want.
* Be careful of the fine line between entertaining and being an entertainer.
* Be cautious about the use of films, overheads, audio-visuals, etc.
* Use small group activity a lot, having each group discuss a topic and report their conclusions to the total group.
* The learners, not the teacher, should be the major source of content in adult education.
* Use active techniques (case studies, simulations, role play, etc.) that provide a direct experience and build on the learner's experiences.
* Allow for transfer of learning - help people apply learning to their own situation.
* Undertake continuous formative evaluations. (Immediate, on-going feedback to students as to their progress).

Adapted from Adult and Continuing Education Today, LERN, Volume 16, #23, Nov. 24, 1986

## TIPS IN TEACHING PEOPLE WITH LOW LITERACY SKILLS

1. Teach the smallest amount possible to do the job.

   a. Enough knowledge to do what is expected
   b. What specific actions (performances) are required to complete the task, to meet the expectation
   c. What is the best attitude needed to perform the actions correctly, to meet the expectations.

2. Make your point(s) as vividly as possible.

   a. Use simple language
   b. Be short, precise
   c. Illustrate and repeat main points
   d. Summarize main points
   e. Use a variety of teaching techniques (visual, auditory, hands-on)

3. Have learners restate and demonstrate information and actions required.

   a. Provide a variety of ways for learners to show they understand
   b. Provide for small group discussions and interaction

4. Provide for repeated reviews.

   a. Have learners practice skills
   b. Have learners take practice tests on skills
   c. Use teaching methods that include several previously learned skills and request a review of them (i.e. Case studies of residents' care plans)
   d. Allow learners to teach each other

Primary Source: Doak, C. C., Doak, L. G. & Root, J. H. (1985). Teaching patients with low literacy skills. Philadelphia, PA: J. B. Lippincott. Adapted by Dr. Dorothy Witmer, Supervisor of Health Occupations, Idaho.

## TIPS FOR TEST ITEM CONSTRUCTION

The test from Psychological Corporation is a multiple choice test. Learners should have practice in taking these tests throughout the course of instruction. The following paragraphs provide a rationale and some assistance in the construction of these tests.

Why Multiple Choice? If well-constructed, multiple choice tests can measure all levels of cognitive achievement

Advantages: assesses many different levels of achievement; scoring is more objective; useful for diagnostic purposes if incorrect alternatives cover common errors; provides basis for productive post-test discussion (discuss why incorrect responses were wrong as well as why correct answers were right)

Limitations: difficult and time-consuming to construct well; may be misinterpreted by students who read too much into questions

### MULTIPLE CHOICE TEST CONSTRUCTION

- All choices should be grammatically consistent.
- It is generally better to use direct questions than incomplete sentences for the stem.
- Alternatives should be listed on separate lines.
- Alternatives for an item should be about the same length.
- All options should be plausible responses to the stem.
- Try to use the same number of alternatives for each question (at least 4 answers).
- Use capital letters for responses as they are more easily discriminated.
- Use "all-" or "none of the above" changes the items to true-false items. **Avoid these types of answers.**

Prepared by Harriet Stroupe, Graduate Assistant to Dr. Dorothy M. Witmer, University of Nebraska-Lincoln, April, 1989
Based on handouts form UNL workshop, "Assessing Student Learning" and Measuring Student Learning by Erickson and Wentling

## PRINCIPLES OF LEARNING IN ADULTS

1. They respond best to a non-threatening learning environment where there is a good teacher-learner relationship.

2. They want to assess themselves against a relevant standard to determine their educational needs.

3. They want to select their own learning experiences - to be increasingly self-directing.

4. They prefer a problem oriented, resident-centered approach to learning.

5. They want to apply their new knowledge and skills immediately.

6. They want to know how they are progressing.

7. They want to contribute from their own reservoir of knowledge and skills to help others to learn.

## FUNCTIONS OF A TEACHER WORKING WITH ADULT LEARNERS

1. Create a comfortable non-threatening learning environment.

2. Provide assessment opportunities to help learners diagnose their educational needs.

3. Help the learners plan the sequence of experiences which will meet their educational needs and produce the desired learning.

4. Create conditions that will motivate the learner to learn.

5. Select, with the learners, the most effective methods for producing the desired learning.

6. Provide, with the help of the learners, the human and material resources necessary to produce the desired learning.

7. Help the learner measure the outcome of their learning experiences.

## CHARACTERISTICS OF EFFECTIVE TEACHERS

A. Components of Effective Teaching as Perceived by Students (Kenneth Eble, The Recognition and Evaluation of Teaching, 1971)

1. Analytic/Synthetic Approach

   a. Discusses points of view other than his/her own.
   b. Contrasts implications of various theories.
   c. Discusses recent developments in the field.
   d. Presents origins of ideas and concepts.
   e. Gives references for more interesting and involved points.
   f. Presents facts and concepts from related fields.
   g. Emphasizes conceptual understanding.

2. Organization/Clarity

   a. Explains clearly.
   b. Is well prepared.
   c. Gives lectures that are easy to outline.
   d. Is careful and precise in answering questions.
   e. Summarizes major points.
   f. States objectives for each class session.
   g. Identifies what he/she considers important.

3. Instructor-Group Interaction

   a. Encourages class discussion.
   b. Invites students to share their knowledge and experiences.
   c. Clarifies thinking by identifying reasons for questions.
   d. Invities criticism of his/her own ideas.
   e. Knows if the class is understanding him/her or not.
   f. Has interest and concern in the quality of his/her teaching.
   g. Has students apply concepts to demonstrate understanding.

4. Instructor-Individual Student Interaction

   a. Has a genuine interest in students.
   b. Is friendly toward students.
   c. Relates to students as individuals.
   d. Recognizes and greets students out of class.
   e. Is accessible to students out of class.

D. A Checklist for Good Teaching (Ron Smith, Concordia University, Teaching and Learning, Vol. 7, No. 1, Sept. 1980)

1. Good teaching tests pre-requisite skills.
2. Good teaching provides feedback to the teacher.
   a. Non-credit tests, quizzes
   b. Discussions with students
   c. Questionnaires
   d. Non-verbal messages
      1) Drops in attendance
      2) Students sleeping
      3) Students reading newspaper
3. Good teaching adapts to individual differences.
4. Good teaching provides (specific) feedback to the students.
5. Good teaching is flexible.
6. Good teaching promotes active student learning.
7. Good teaching motivates students.
8. Good teaching is clear and well-organized.

UNIT 1: The Role and Responsibilities
of the Nursing Assistant

IDAPA 16.02.2100.03.a.

Policies and Procedures for Health Care Facilities

a. This policies and procedures shall be made available to patients/residents, to any guardians, next of kin, sponsoring agency(ies), and to the public. (1-1-88)

b. The staff of the facility shall be trained and involved in the implementation of these policies and procedures. (1-1-88)

c. These patients'/residents' rights, policies and procedures ensure that, at least, each patient/resident admitted to the facility:

i. Is fully informed, as evidenced by the patient's/resident's written acknowledgement, prior to or at the time of admission and during his stay, of these rights and of all rules, regulations and minimum standards governing patient/resident conduct and responsibilities. Should the patient/resident be medically or legally unable to understand these rights, the patient's/resident's guardian or responsible person (not an employee of the facility) has been informed on the patient's/resident's behalf; (1-1-88)

ii. Is fully informed, prior to or at the time of admission and during stay, of services available in the facility, and of related charges including any charges for services not covered under Titles XVIII or XIX or the Social Security Act, or not covered by the facility's basic per diem rate; (1-1-88)

iii. Is fully informed, by a physician, of his medical condition unless medically contraindicated (as documented, by a physician, in his medical record), and is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research; (1-1-88)

iv. Is transferred or discharged only for medical reasons, or for his welfare or that of other patients/residents, or for nonpayment for his stay (except as prohibited by Titles XVIII or XIX of the Social Security Act), and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in his medical record; (1-1-88)

v. Is encouraged and assisted, throughout his period of stay, to exercise his rights as a patient/resident and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; (1-1-88)

vi. May manage his personal financial affairs, and should the facility be directed by him, his family, his conservator, or guardian, to maintain a trust account for him, a report as to the status of his account and any expenditures, or access to his trust account records shall be available upon request; (1-1-88)

vii. Is free from mental and physical abuse, and free from chemical and (except in emergencies) physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patient/resident from injury to himself or to others; (1-1-88)

viii. Is assured confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in case of his transfer to another health care facility, or as required by law or third-party payment contract; (1-1-88)

ix. Is treated with consideration, respect and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; (1-1-88)

x. Is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; (1-1-88)

xi. May associate and communicate privately with persons of his choice, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician in his medical record); (1-1-88)

xii. May meet with, and participate in activities of social, religious, and community groups at his discretion, unless medically contraindicated (as documented by his physician in his medical record); (1-1-88)

xiii. May retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients/residents, and unless medically contraindicated (as documented by his physician in his medical record); and (1-1-88)

xiv. If married, is assured privacy for visits by his/her spouse, if both are patients/residents in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the medical record). (1-1-88)

04. Admission Policies. The administrator shall establish written admission policies for all patient/resident admissions. The facility's admission policies shall be available to patients/residents, their relatives, and to the general public. (1-1-88)

a. The administrator shall not accept or keep patients/residents for whom the appropriate care level and services are not provided, or for which the facility is not licensed except in an emergency. (1-1-88)

b. All patients/residents must be admitted by a physician, and all care rendered under his direction. (1-1-88)

c. A history and physical examination shall be recorded within forty-eight (48) hours after admission to the facility, unless the patient/resident is accompanied by a record of a physical examination completed by a physician not more than five (5) days prior to admission. (1-1-88)

Maslow's hierarchy of needs. Adapted from Maslow, A. (1954). Motivation and personality. New York: Harper & Row Publishers, and from, Ebersole, P. & Hess, P. (1981). Toward healthy aging: Human needs and nursing response. St. Louis, MO: C.V. Mosby, p.4.

UNIT 1
STAGES IN PERSONALITY DEVELOPMENT

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| MATURITY | | | | | | | | Sense of Integrity vs. Disgust |
| ADULTHOOD | | | | | | | Parental Sense vs. Self-absorption | |
| LATER ADOLESCENCE | | | | | | Sense of Intimacy vs. Isolation | | |
| EARLY ADOLESCENCE | | | | | Sense of Identity vs. identity diffusion | | | |
| 6-11 YEARS | | | | Sense of accomplishment vs. Inferiority | | | | |
| 4-5 YEARS | | | Sense of initiative vs. Guilt | | | | | |
| 1-3 YEARS | | Sense of Autonomy vs. Shame & Doubt | | | | | | |
| INFANCY FIRST YEAR | Sense of Trust vs. ilistrust | | | | | | | |
| WIDENING RADIUS OF SIGNIFICANT PEOPLE | MOTHER | PARENTS | FAMILY | SCHOOL | LEADERS, CLIQUES | TWO SEXES | JOBS, NEXT GENERATION | COMMUNITY |

QUESTION: *"Not where did the child come from, but, who is there to receive him?"*

Erik H. Licksen Childhood and Society

UNIT 2

Communication for the Health Care Worker

The ability to communicate with other members of the health care team cannot be overemphasized. Communication is the basis for all human interaction whether it be spoken (sometimes called oral or verbal), non-verbal (gestures, signals, facial and body expressions), or written, such as in the care plan. Communication is usually defined as a means of sending and receiving messages. The communication process, although described in many different ways by various authors, actually involves 5 parts as shown in the diagram below.

MESSAGE
SENDER ********** RECEIVER
TRANSMITTING DEVICE

FEEDBACK

1. The sender: Person initiating message.
2. Message: Words spoken, written, gestures, or other symbols conveying thoughts, ideas by sender.
   NOTE: Sender may speak but will always include non-verbal message.
3. The receiver: Person to whom message is intended.
4. The transmitting device: method used to convey the message.
5. The feedback: Evidence that the receiver understands or does not understand the message.
   Unfortunately, feedback is not requested enough by persons

Unfortunately, feedback is not requested enough by persons sending messages and becomes a major reason why the communication process breaks down.

UNIT 3
LESSON FROM LIFTING LOUIE

1. First, size up the load - do not attempt to lift it alone if you have doubt in your ability to do so.

2. Make sure that your footing is secure. One foot may be forward of the other to attain good balance.

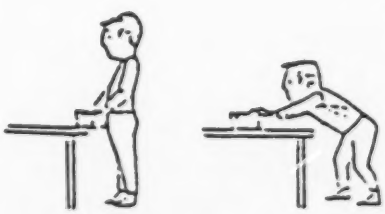
3. Bend the knees and squat (don't stoop; keeping the back as nearly vertical as possible. Spread the knees or lower one knee to get closer to the object.

4. Now start pushing up with your legs, thereby, using your strongest set of muscles. Keep the load close to your body as you come up.

5. Lift the object to the carrying position. If it is necessary to change your direction when in the upright position, be careful not to twist the body. Turn your body by changing the position of the feet.

6. In lowering the load to the floor from a waist-high carrying position, bend the knees. Keep the back straight with the load close to the body, lowering the load with the arm and leg muscles.

7. If you deposit the load on a bench or table, please it on the edge to make the table take part of the load. When pushing the load on or pulling it from the table, use the arms and body, keeping one leg ahead of the other to insure balance.



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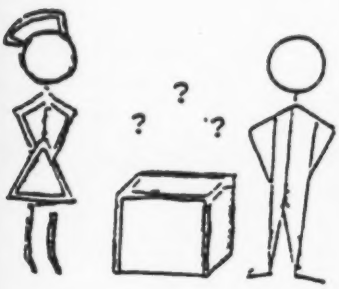
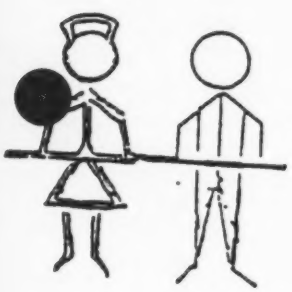
UNIT 3

## TEN COMMANDMENTS OF GOOD BODY MECHANICS

1. Whenever you are lifting patients, be sure that they know they are going to be lifted--and how they are going to be lifted--and where you are going to lift them to.

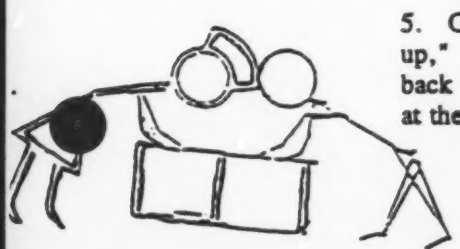


2. Size up the load to be lifted. Do not attempt to lift alone if you have any doubt about your ability to do so.

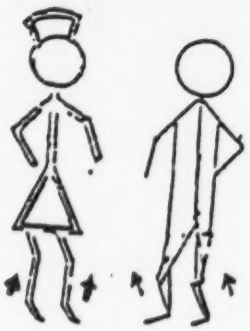


3. Check your footing. Your feet should be apart to give you a broad base of support (good balance).

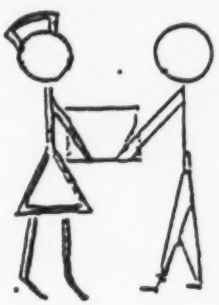
4. Get close to whatever is being lifted, instead of reaching for it. Move in and hold close.



5. Get yourself "lined up," i.e., keep your back straight and bend at the knees and hips.

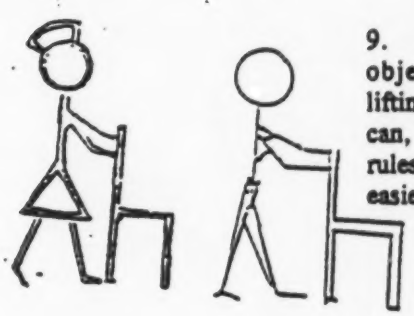


6. Straighten your legs to lift.



7. Lift smoothly to avoid strain produced by jerky movements -- and get together (it's a good idea to count 1, 2, and 3) with the person helping you.

8. Shift the position of your feet to turn--never twist your body.



9. Push or pull an object (instead of lifting) whenever you can, and use these same rules. It's safer and easier that way.

10. Spread this gospel to others, so that all of us will lift well and safely.

COMMUNICATION

# Managing Hearing Loss in the Nursing Home Population

by Barbara Jarboe Brunner, M.S., CCC-A

Hearing loss is a very common problem faced by today's aging population, affecting over one-third of those over the age of 65, and nearly 50% of those over 75. Because of its pervasiveness, hearing loss becomes an important issue when dealing with those elderly persons in long term care facilities.

To increase the awareness of long term care administrators about hearing loss, the Metropolitan Committee for Hearing & Speech Health (MCHSH) joined with SHHH Nova One Chapter personnel to present a special workshop. MCHSH is a professional association of audiologists practicing in the metropolitan Washington, D.C. area, and the workshop was a model project conducted as a part of MCHSH's activities for Better Hearing & Speech Month.

Entitled "Managing Hearing Loss in the Nursing Home Population," the half-day workshop was presented May 19, 1988, for an audience of 21 professionals from eight facilities, including directors of nursing, administrative officers, directors of staff education and of social work. Venue was Goodwin House West in Falls Church, Virginia, a large retirement apartment complex with an extensive long term care nursing unit.

The workshop program was divided into five sections:

1. ***What hearing loss is, with particular reference to the elderly nursing home population.*** Elaine Wilson, clinical audiologist, discussed typical hearing loss in the elderly: presbycusis, which is commonly sensorineural, progressive and permanent. This hearing problem may be compounded by an outer or middle ear condition, such as excessive ear wax or middle ear fluid. Presbycusis is frequently accompanied by head noise known as tinnitus, and difficulty in understanding background noise is a common complaint. She touched on the large number of persons in nursing homes experiencing this type of hearing loss.

2. ***Hearing Aids: fitting and care:*** Gretchen Syfert, private practice audiologist, addressed the various types of hearing aids and how to troubleshoot problems. A body aid, eyeglass aid, behind-the-ear aid, in-the-ear aid and canal aid were passed around and examined by the workshop participants. Ms. Syfert discussed battery insertion, use and storage, suggesting the need for a hearing aid battery schedule to avoid problems with deaf batteries. She also recommended that nursing homes keep a card file of hearing aids and their owners in case the hearing aid is lost. The owner's name or initials can be engraved on the hearing aid for easier identification. The problems of feedback and wax removal were also approached. Finally, she pointed out that although current problems with background noise cannot be completely solved, the greatly anticipated development of digital hearing aids will be a tremendous help with this difficulty.

3. ***Environmental modifications for improving communication:*** Environmental modifications can be invaluable in improving communication, according to Dolores Fielding, Chief of Speech and Hearing at a major Washington, D.C. publicly-funded nursing home. Some modifications can be implemented when building the facility, such as soundproofing rooms and locating dining and socializing areas away from noise areas. Other modifications, such as installing carpeting, hanging heavy curtains and tapestries

and arranging seating space in circles, can be implemented at any time. Ms. Fielding also suggested use of rubber tips on chairs, and scheduling noisy activities such as cleaning to be done at a minimally disruptive hour. The importance of a quiet area somewhere in the facility was also stressed.

**4. *Assistive listening devices and how you can use them:*** Because of the nature of presbycusis and prevalence of difficult listening situations, assistive listening devices (ALDs) are frequently a welcome answer to needs of hearing impaired persons. Harriet Kaplan, associate professor at Gallaudet University, described and demonstrated many ALDs available, and analyzed their advantages and disadvantages. She covered such potential nursing home needs as loop/FM/infrared systems in social areas, telephone amplification, personal listen-aiders, alerting devices, and entertainment aids such as telecaption decoders or radio/TV amplification.

**5. *Developing a hearing health care program in your facility:*** Kim Frable, audiologist with the Washington Hearing and Speech Society, concluded the program with practical information on beginning a hearing health program in the nursing home. She advocated first locating an audiologist who would be able to provide services within the facility and could provide ongoing assistance and education to both staff and residents. Other important considerations are cost (what services are included, who will be responsible for checking each person's hearing aid morning and night). In situations where a hearing aid is not viable, she advocated purchase of an assistive listening device for use by residents with each other, with staff or with visitors.

Marjorie Boone of SHHH Nova One added information on personal experience with hearing impairment and the accompanying problems with speech modulations and psychological/emotional withdrawal. She emphasized the importance of good communication rules for staff in talking with residents.

In addition to information supplied by each speaker, the National Academy of Gallaudet University provided materials from its packet "When Hearing Fades." A grant from the Clark-Wynchole Foundation permitted printing of two posters for use in staff rooms, one on communication rules, and the other on helping residents use their hearing aids.

Feedback from participants was very positive, suggesting that the project may have applicability to nursing home administrators in other areas.

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*Ms. Brunner is a staff audiologist at the Washington, D.C. Commission of Public Health, D.C. Department of Human Services.*

## Tips for Staff
## COMMUNICATING WITH HEARING IMPAIRED RESIDENTS

RECOGNIZE . . . who has a hearing problem, and who wears a hearing aid. These people need special speaking skills from you. Hearing impaired people must "SEE" to "HEAR."

1. FACE THE PERSON—HAVE THE LIGHT ON YOUR FACE
   Tilt your face to a person in bed or chair so your mouth can be seen. It's hard to speechread looking up.
2. GET THE PERSON'S ATTENTION FIRST
   Touch, or wave your hand so the person is looking at you before your start to talk.
3. DON'T TRY TO TALK AGAINST VERY NOISY BACKGROUNDS
   Rattling carts, TV, others talking can completely block out your conversation. Wait a bit for a less noisy moment.
4. DON'T HIDE YOUR MOUTH
   Keep your mouth clear of your hands, pencils, gum, food,so your speech is more easily seen.
5. DON'T SHOUT!
   Shouting only makes your speech harder to follow.
6. SPEAK CLEARLY
   - MORE SLOWLY
   - IN SHORT SENTENCES
   - USING SIMPLE WORDS
7. USE FACIAL EXPRESSIONS, GESTURES
   These add meaning to your words.
8. REPHRASE, SAY IT IN A DIFFERENT WAY, when you are not understood.
9. WRITE KEY WORDS, for the person to read.
10. BE AWARE OF THE PROBLEM OF BLUFFING!
    Hearing impaired people often smile and nod as if they understand you when they do not. Double check to ensure your message gets through. HAVE THE PERSON REPEAT BACK, TO BE SURE OF ACCURACY.

## Tips for Staff
## HELPING RESIDENTS USE THEIR HEARING AIDS

THE HEARING AID MAY BE THE LIFELINE BETWEEN COMPANIONSHIP—OR ISOLATION.
YOU CAN MAKE A DIFFERENCE

HEARING AIDS DEMAND REGULAR UPKEEP!
They are sensitive electronic instruments
They need TLC to work properly

1. STORAGE WHEN NOT IN USE:
   Provide box/drawer space for aid when not being worn (prevents damage from dropping or placement on hot/cold air vents).

2. BATTERIES:
   - Regular replacement IS needed (average battery life is three days to two weeks if aid is regularly used).
   - Good storage is needed to prevent used batteries from being mixed with new ones.
   - Note + and - poles of batteries for proper insertion.
   - Battery tester must be available to check life of batteries.
   - When aid is not in use (at night) open battery compartment to prevent energy drain.

   *ALERT:* Tiny button batteries have sometimes been swallowed in mistake for pills. Be alert to the problem and ensure safe battery storage. If you suspect a battery may have been swallowed, notify nursing staff immediately!

3. LEARN BASIC PARTS OF HEARING AID AND HOW TO PUT IT ON:
   - Note off/on/T switches
   - Volume control dial
   - Battery compartment and how to insert battery
   - Earmold
   - Tubing or cords

4. "IT DOESN'T WORK" COMPLAINTS:
   - Check off/on/T switches to see if correctly positioned.
   - Check that battery is correctly placed (+ and - in right position). Try new battery.
   - Behind-the-ear models: check plastic tubing. If sharply bent or cracked, replace. Body-type models: check cord. If frayed, replace. (Have spare tubing and cords on hand.)
   - Ear-mold: check that it is not clogged with wax. Wash out gently with warm water and gentle soap. Dry thoroughly.
   - Off/on, scratching noises: flick switch back and forth, in case dust or lint has collected. On body aids, change cord. If no improvement, notify your facility's hearing health care service.
   - Whistle: remove aid, put finger over ear-mold hole; if whistle stops, ear-mold may have not been inserted correctly, or is a poor fit. If whistle continues, notify your facility's hearing health care service.
   - Humidity/body perspiration: can clog aid, cause it to malfunction (scratchy quality or distortion of sound). Where this may be a problem, ask your facility's hearing health care service about a hearing aid dehumidifier, such as a Dri-Aid. (If Dri-Aid is available, follow simple usage directions on package.)

NOTE: The above tips are only simple remedies. If the problem is more complex,

DO NOT TRY TO "FIX" A HEARING AID. ALERT YOUR FACILITY'S HEARING HEALTH CARE SERVICE.

*Text taken from SHHH Posters "Tips For Staff," for placement in staff area of nursing and residence homes. The set is available from SHHH for $2.*



BEST COPY AVAILABLE

_____
Learner's Name

_____
Date

UNIT 10: SUBUNIT G

Worksheet on Personal Feelings Regarding Dying and Death

Directions: Consider the following questions and write your feelings about dying and death. Discuss in small or large groups.

1. My first experience with death in my life was:

2. My first experience with a dying patient was:

3. I think death is: (Write your first thoughts)

4. My closest relative to die was _____.
   I felt:

5. My family members look upon death as:

6. When a member of my family is very ill and is expected to die, we always: (Describe the rituals or activities practiced by family).

7. If I were told I had a fatal illness, I would do the following:

8. When I care for a dying person, I feel like:

9. When the person actually dies, I feel like:

10. Additional comments about dying and death.

## UNIT 10
## A WORKSHEET FOR LISTING NURSING ASSISTANT ACTIONS

Patient's Name _____ Diagnosis _____ Room/Bed # _____

| Need/Problem<br><br>(What is wrong? What is the potential? What can patient do?) | List of Nursing Assistant Actions<br><br>(Steps nursing assistants can do with supervision) | Evaluation<br><br>(What resulted after actions were taken? Specify time when problem should be resolved) |
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UNIT 10

Physical Changes During The Aging Process*

| System | Changes | Potential Diseases/Conditions |
|---|---|---|
| Musculoskeletal | Muscle atrophy<br>Decreasing strength<br>Bones become brittle and can break easily<br>Joints become stiff and painful<br>Gradual loss of height<br>Decreased mobility | Poor posture<br>Increased falls-fractures<br>Stiffness<br>Arthritis, Osteoporosis |
| Cardiovascular | Heart pumps with less force<br>Arteries narrow and are less elastic<br>Less blood flows through narrowed arteries | Hypertension; hypotension<br>Emboli<br>Heart disease, strokes |
| Respiratory | Respiratory muscles weaken<br>Lung tissue becomes less elastic | Pneumonia<br>Emphysema<br>Carcinoma of lungs |
| Urinary | Kidney function decreases<br>Poisonous substances can build up in the blood<br>Urine becomes concentrated<br>Urinary incontinence may occur | Kidney stones<br>Renal diseases<br>Bladder infections |
| Gatrointestinal | Decreased saliva production<br>Difficulty in swallowing<br>Decreased appetite<br>Decreased secretion of digestive juices<br>Fried and fatty foods are difficult to digest<br>Loss of teeth<br>Decreased peristalsis causing flatulence and constipation | Endentulousness<br>Dehydration<br>Constipation<br>Fecal impation<br>Weight loss<br>Hiatel hernia |

*Source: Adapted from Vaughn, S. & Sorrentino, S. (1992) OBRA Nurse Aide Skills Manual, Mosby and Witmer, D. M. (1990) Geriatric Nursing Assistant. Advanced Training in Selected Competencies, Brady.

| System | Changes | Potential Diseases/Conditions |
|---|---|---|
| Endocrine | Decreased number of cells and size of glands<br>Decreased glandular secretions<br>Decreased metabolic rate<br>Decreased ability to adapt (less adrenalin)<br>Increased blood glucose levels<br>Decreased thyroid production | Hypothyrodism<br>Adult onset diabetes<br>Increased autoimmune disease<br>Female: vaginal infections<br>Males: slower ejaculation due to less secretions<br>Osteoporosis |
| Integumentary | Skin becomes less elastic<br>Fatty tissue layer of the skin is lost<br>Folds, lines, and wrinkles appear<br>Dry skin develops<br>Increased sensitivity to cold<br>Nails become thick and tough<br>Whitening or graying hair<br>Loss or thinning of hair | Skin deseases - dermatitis<br>Decubiti<br>Hypothermia<br>Skin tears |
| Nervous | Vision and hearing decrease<br>Decreased sense of taste and smell<br>Reduced sense of touch and sensitivity to pain<br>Reduced blood flow to the brain<br>Progressive loss of brain cells<br>Shorter memory<br>Forgetfulness<br>Slowed ability to respond<br>Confusion<br>Dizziness | Deafness<br>Impairment of Vision<br>Glaucoma<br>Stroke<br>Dementia<br>Confusion |
| Reproductive | Changes in reproductive organs<br>Deceased hormone production (estrogen, testosterone)<br>Decreased frequency of sexual activity<br>Menopause (female) | Female: Vaginitis, prolapsed uterus<br>Male: Prostatitis, obstructed urinary flow |

Voc. Ed. Number 239A

# THE NURSING ASSISTANT AS HOME HEALTH AIDE

## AN OPTIONAL ADVANCED TEACHING MODULE

## SUPPLEMENTAL TO THE NURSING ASSISTANT CURRICULUM

June, 1992

This Module Is Intended To Orient The

Nursing Assistant To The Role and Responsibilities Of The

Home Health Aide

Idaho Division of Vocational Education
Boise, Idaho 83720

## THE NURSING ASSISTANT AS HOME HEALTH AIDE *

PERFORMANCE OBJECTIVE: Given opportunity to study and compare the differences between responsibilities and roles in a health care facility, and in a home health care agency, the nursing assistant will be prepared to adjust to those differences when working in the home.

I. Explain the Purpose and Function of Home Health Agencies

ENABLING OBJECTIVES:

1. Define the term home health care agency.
2. Describe purpose and functions of a typical home health agency.
3. Explain 4 sources of payment for services utilized by home health agencies.
4. Identify members of a home health care team.

II. Explain the Role and Responsibilities of the Home Health Aide

ENABLING OBJECTIVES:

1. Compare and contrast the role of the home health aide with the role of the aide in a health care facility.
2. Compare and contrast the responsibilities of the home health aide with the responsibilities of an aide in a health care facility, especially in documentation.
3. Discuss adjustments and adaptations of caregiving procedures that are made in the home.
4. Explain the Advance Medical Directive's importance to the patient's care and to aide responsibility.
5. Identify hazards and unhealthy conditions that may exist in homes.
6. Explain importance of the home health aide in promoting health and safety in the home environment.
7. Discuss ways to improve priority setting and time management in view of the need to travel.
8. Discuss responsibilities of the aide when a patient dies in the home.

III. Discuss Effective Interpersonal Relationships When Working With Families

ENABLING OBJECTIVES:

1. Define "family" in today's society.
2. Discuss needs of families who use home health aides.
3. Identify family, structural support systems and community resources to meet individual member and whole family needs.
4. Discuss effective personal characteristics when working with families.
5. Discuss communication techniques appropriate for a variety of family members (children, adolescents, adults).

* This curriculum is approved by the Board of Nursing and has been reviewed for approval by Home Health Nurses. (see page 2)

IV. Demonstrate Homemaking and Home Management

ENABLING OBJECTIVES:

1. Identify characteristics of a well managed home.
2. Demonstrate basic cleaning procedures for home settings in maintenance of infection control: in linens, dishes, and waste products.
3. Demonstrate how to select and prepare a nutritious meal for a person with and without teeth/dentures.
** 4. Demonstrate how to make equipment helpful to patient comfort (backrest, bed cradle, over bed table and footboard).

** optional

Suggested Time Frame for Instruction: 10 hours

Suggested Instructor Qualifications: Vocationally Certifiable Registered Nurse with Home Health Care experiences.

Suggested Textbook: Being A Homemaker/Home Health Aide, 3rd edition (1991) by Elana Zucker, Brady Publication. ISBN 089303-087-2

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